Strategy Note

UNICEF - State of Palestine

Country Programme
2018-2022

DRAFT ONLY
(for internal use)

12 July 2017
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1 Overview

1.1 Introduction

This consolidated Strategy Note for the State of Palestine (SoP) Programme within the 2018-2022 Area Programme for Palestinian Children provides an analysis of the situation of children, the programming context and defines the strategic contribution that UNICEF will make towards defined results for children. The consolidated Strategy Note contains an overall presentation of the country programme, and then individual programme strategy notes for each of the defined Outcomes.

The purpose of this Programme Strategy Note is to ensure that the 2018-2022 Country Programme has a clear and evaluable design and programme logic, which explicitly addresses key deprivations and structural drivers of vulnerability. It articulates the logic of how key actions will lead to the planned outputs, and how these in turn will contribute to outcomes, as well as the broader theory of change for each of the prioritized areas of programming cooperation. It analyses and addresses the bottlenecks and barriers that are currently hindering progress, outlines core assumptions, specifies key strategies to achieve positive change, and identifies synergies between sectors. The Strategy Note also articulates how UNICEF will work with and influence its partners to achieve the desired results and outcomes for children.

UNICEF’s programme of cooperation in the State of Palestine builds on the experience and lessons learnt from previous programmes of cooperation. It is designed to support SoP-wide strategies of direct importance for the realization of children’s rights, with specificities related to the differing context across the SoP.

1.2 Overview of situation in the State of Palestine

The State of Palestine (SoP) consists of the West Bank, including East Jerusalem, and the Gaza Strip (Gaza). It has a population of approximately 4.8 million, of which an estimated 2.9 million people live in the West Bank and 1.9 million in Gaza.¹ Almost three quarters of the population live in urban areas, compared to 17 per cent in rural areas and 9 per cent in refugee camps.² The population is predominantly young (39 per cent are under the age of 15 years and 30 per cent are aged 15 to 29 years), and is likely to remain so in the coming decades,³ given high fertility rates (3.7 in the West Bank and 4.5 in the Gaza Strip⁴). The population has almost doubled over the past 50 years, and is projected to double again to roughly 9.8 million by 2050.⁵

The ongoing restrictions on the movement of goods and people, especially in Gaza, has resulted in an unstable and structurally unbalanced economy. Restrictions on ‘dual-use’⁶ materials, which are stricter than

⁶ Dual use items are categorized as “weapons and items which can be, and often are, used for military purposes"
existing international lists on such materials, often impede the delivery of humanitarian assistance, essential medicine and drugs, and basic construction materials. The West Bank is subject to barriers, checkpoints and road blocks, which contribute to delays in passage of goods and services, and create pockets of extreme vulnerability in areas where the restrictions are most severe. Children are directly impacted by the ongoing situation of protracted occupation and conflict, as well as the ten-year blockade in Gaza.

This situation has contributed to persistently high unemployment, particularly for the young; 41 per cent of youth aged 15 to 24 years are unemployed (29 per cent in the West Bank and 61 per cent in the Gaza Strip). Females are the most affected; 61 per cent of female youth are unemployed compared 36 per cent of males. Poverty remains high, with 39 per cent of families in Gaza and 18 per cent of families in the West Bank living under the national poverty line. This inevitably affects livelihoods and wellbeing of the population, thus also children’s wellbeing. In this context, UNICEF and other partners strive to support the SoP in its development trajectory.

The SoP has witnessed a mixture of successes and challenges with respect to its state of development. On the one hand, remarkable progress has been achieved in child and maternal health and education. The under-five mortality rate has declined steadily in the past 25 years, from 42 deaths per 1,000 live births between 1990-1994 to 22 between 2010 and 2014. Palestine has also achieved the Education for All goals, with a net attendance rate of 97 per cent at basic level and 72 per cent in secondary level. On the other hand, setbacks have been experienced in the area of access to safe, sufficient and affordable water. In many vulnerable communities of the West Bank water supply is intermittent, forcing families to purchase water through expensive, often unregulated private vendors. In Gaza, only 10 per cent of families have access to safe drinking water due to the contamination of the coastal aquifer. Violence against children is also of serious concern. According to the 2014 Multiple Indicator Cluster Survey, 23 per cent of children (31 per cent in Gaza and 17 per cent in the West Bank) are exposed to severe corporal punishment.

In addition, some groups in Palestine are more vulnerable than others. Children with disabilities are one such group, with little access to health, education, social welfare and other basic services. Research conducted in 2016 found that nearly 38 per cent of children with disabilities are out of school entirely and less than 45 per cent are enrolled in regular education. Adolescent girls and boys are yet another group with high vulnerability, driven by factors such as patriarchal social norms, early marriage and exposure to violence.

1.3 Consultations and process

The 2018-2022 Country Programme has been informed by a series of consultations with the Government of Palestine and other partners, particularly through the joint Mid-Year and Annual Review meetings in 2016 and consultation meetings on the United Nations Development Assistance Framework (UNDAF). A

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13 Tankered water is not included.
wide range of UNICEF partners participated: the main government ministries (e.g. MoH, MoEHE, MoSD), agencies (e.g. PCBS, PWA), Non-Governmental Organizations (NGOs), Civil Society, UN Agencies and the United Nations Special Coordinator’s Office (UNSCO). The consultations focused on identifying programme priorities and key strategies. They also provided an opportunity to take stock of what has been achieved in the current programme cycle, and learn from challenges and bottlenecks that have been experienced in the past and what was required to overcome them. In January 2017, UNICEF organized a Strategic Moment of Reflection meeting for the purpose of further prioritization. In addition, UNICEF carried out a Consultation Meeting with line Ministries and partners in March 2017 to share the Theory of Change, the Results and Resources Framework, and to discuss priorities. This fed into the draft APD document, and will inform the Country Programme Action Plan (CPAP) and Rolling Work Plans.

When updating the analysis of the situation of children and women (2016), and when drafting the individual programme strategies, UNICEF SoP used the processes and tools from the UNICEF Results-Based Management (RBM) training along with the Monitoring Results for Equity System (MoRES) determinant framework. These ensured that the programme is designed well and aligned to address inequities, including the use of the Theory of Change (ToC) and the subsequent identification of UNICEF’s contribution to the change pathway. Each of the programme strategies is underpinned by the identification and analysis of: i) deprivations experienced by the most vulnerable and disadvantaged children and families, and the bottlenecks that impede results for the most vulnerable; ii) strategies required to achieve results; and iii) the interventions identified to achieve the outputs, and contribute to the outcomes.

1.4 UNICEF 2018-2022 Programme in the State of Palestine

The overall goal of the 2018-2022 Area Programme, which covers the SoP, Jordan, Lebanon and Syria, is to further the realization of children’s rights and improve access to basic services, the protective environment and social inclusion for Palestinian children and women.

Six Area Programme outcomes towards which UNICEF will contribute have been identified for the programme cycle 2018 to 2022, and are detailed in the subsequent programme strategy chapters:

- **Outcome 1**: By 2022, more Palestinian children and adolescents, especially the most vulnerable, benefit from improved access to quality and inclusive learning opportunities in safe and protected environments and are better able to contribute to their community and national development.
- **Outcome 2**: By 2022, more children, especially the most vulnerable, are better protected from violence, exploitation and grave violations.
- **Outcome 3**: By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and are better able to survive and reach their optimal development.
- **Outcome 4**: By 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices.
- **Outcome 5**: By 2022, more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights.
- **Outcome 6**: Programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for Palestinian children and women.

*Figure 1. Country Programme results*
To deliver these outcomes, the country programme structure in the State of Palestine will cover five programme areas: Education & Adolescents, Child Protection, Health & Nutrition, Water Sanitation & Hygiene, and Social Protection and Inclusion, plus across-cutting Programme Effectiveness outcome.

1.5 Risks

In identifying programme interventions and strategies, key risks have been considered, including the protracted protection crisis, potential for conflict and disaster, and the humanitarian consequences. The main risks that could jeopardize the achievement of planned results are a further deterioration of the humanitarian situation through escalations of violence, emergencies triggered by natural disasters and rampant climate change. Based on experiences during the current programming, risks that could impact on the overall country programme and will require mitigating measures, include:

- A shrinking operating space for the United Nations, particularly in Area C, East Jerusalem and Gaza;
- Recurrent high level of violence;
• State institutions’ inability to deliver services, exacerbation of the internal divide and consequent ineffectiveness of civil service functioning, which could result in adverse effects on UNICEF’s capacity for programme delivery, quality assurance and oversight;
• Continued expansion of settlements, which could further restrict UN’s ability to support Palestinians;
• A declining base of donor resources, which could hamper the implementation of strategic initiatives and constrain the ability of UNICEF to maintain programmes in place or to develop new ones;
• Natural disasters or rampant climate change; and
• Humanitarian funding channels results in limited sustainability and investment in longer term institutional capacities.

Experience has shown the critical importance of strong risk management processes, including contingency planning, in preparing for and mitigating risks. UNICEF has developed contingency plans and contributed to inter-agency contingency planning, playing a key role as cluster lead in WASH, education (WG on EiE) and child protection. The office will continue to promote risk-informed programming, increase its contribution to systems strengthening, and support children and their families to anticipate, withstand and quickly recover from shocks and stresses.

The main external risk that, if not adequately mitigated, poses a significant threat to the achievement of the results that are planned for the programme from 2018-2022, would be a sharp decrease in the funding for UNICEF’s programmes. This risk is real given the shrinking overall financial availability for Palestine, as well as the growing risk aversion of some donors to invest in humanitarian interventions that have recorded increasing demolitions (such as in Area C of the West Bank or during repeated conflicts in Gaza).

To mitigate the effects of inadequate funding, UNICEF will broaden its donor pool and seek long-term arrangements with new bi-lateral agencies. At the same time, UNICEF will strengthen its advocacy efforts with partners such as Australia, the Belgium Government, Canada, EU, ECHO, Finland, Iceland, Japan, US, OCHA, Spain, Sweden, Swiss Development Cooperation, UK, World Bank and others, with the goal to maintain strategic partnerships and leverage further resources for children.

1.6 Alignment with national and international priorities


The National Policy Agenda: Putting Citizens First (NPA), 2017-2022, endorsed by the Council of Ministers, outlines three pillars which chart the strategic direction of the Government in the coming six years: Path to Independence; Government Reform; and Sustainable Development. To complement the priorities identified in the NPA, the United Nations carried out the Common Country Analysis (CCA), Leave No One Behind: A Perspective on Vulnerability and Structural Disadvantage in Palestine, which identified key structural obstacles to achieving the ‘2030 Agenda’ commitment to ‘leave no one behind’. The analysis revealed a range of drivers of vulnerability that were broadly categorized as locational, economic, institutional-political, socio-cultural and violence-related. The CCA concluded that by addressing these
drivers of vulnerability there is potential to bring about a step-change in the development trajectory for
the most disadvantaged groups in Palestine.

The country programme aligns with the four United Nations Development Assistance Framework (UNDAF)
Strategic Priorities for 2018 - 2022:

SP1 - Supporting Palestine’s path to independence;
SP2 - Supporting equal access to accountable, effective and responsive democratic governance for all
Palestinians;
SP3 – Leaving no one behind: Supporting sustainable and inclusive economic development;
SP4 - Leaving no one behind: Social development and protection.

UNICEF will contribute to SP1 in relation to evidence-based advocacy, to SP2 regarding justice for children,
to SP3 related to adolescents’ life skills, and mainly to SP4, under the three following draft outcomes:

Outcome 4.1: More Palestinians, especially the most vulnerable, benefit from safe, inclusive, equitable and
quality services
Outcome 4.2: Outcome 2: All Palestinians, especially the most vulnerable, have greater access to a
unified, integrated, and shock-responsive protection and social protection systems
Outcome 4.3: Vulnerable Palestinian communities and institutions are better equipped to cope with
protracted threats and shocks.

In line with the draft global UNICEF Strategic Plan (2018-2021), ‘realizing the rights of all children, closing
the remaining gaps in the achievement of their rights, and meeting the relevant targets of the 2030
Agenda’ are the overarching aims. Based on lessons learned, and in a complex context of protracted
protection and humanitarian crisis in Palestine, risk-informed programming and systems strengthening
have been vital to address the critical needs of children and families. Emergency preparedness and
enhancing the resilience of communities and service delivery systems are core to the work of UNICEF, as
key means of strengthening the humanitarian-development nexus.

1.7 Key strategies, synergies and cross-cutting issues

Under the 2018-2022 Country Programme of Cooperation, UNICEF, the Palestinian Authorities and their
partners will seek to address the deprivations and bottlenecks identified in the Situation Analysis (updated
in 2016), applying a mix of strategies throughout the interventions chosen to achieve the outputs, which in
turn are expected to contribute to achieving the outcome (the desired change).

The rationale for selecting the five programme outcomes identified above stems from the need to address
indicators that are related to many deprivations affecting children’s, adolescents’ and families’ realisation
of their rights, and the analysis that has emerged from the updated SitAn, the UN CCA, and UNICEF’s
comparative advantage. The key indicators of vulnerability and deprivation for each sector are outlined in
the sector Strategy Notes, along with the theories of how the situation can be changed.

In addition to the sector-specific analyses, evidence and programming experience have shown that
Palestinian children are particularly vulnerable to multiple forms of deprivations during their early
childhood and adolescence, which transcend specific sectors. At the same time, they have shown that
there are opportunities to reach children during these periods through integrated services that identify
and respond to needs, and which can have lifelong, transformative impacts, as well as positive intergenerational effects.

Building on equity considerations to ‘leave no one behind’ of the 2030 Agenda and Goal 5 of the UNICEF Global Strategic Plan, the Country Programme will therefore strengthen its equity focus and promote coherence across programmes in addressing cross-cutting issues that cause and perpetuate inequity (see figure 2) to ensure: (a) stronger systems for identification and referral of vulnerable children, and (b) the integration of cross-sectoral planning and programme implementation as standard practice. The focus will be on early childhood and adolescence, while also integrating other cross-cutting issues such as gender and disability. In relation to adolescents, UNICEF SoP will particularly invest in strengthening their life skills and employability through the education sector. The office will also promote the participation and civic engagement of adolescents, under social inclusion and communication initiatives.

Generalized acceptance of violence at home and at school will be addressed through multi-sectoral strategies designed to transform socio-cultural norms that perpetuate violent disciplining and gender-based violence, and to strengthen formal and informal systems for identification, referral and care. Children and families will also be supported to develop life skills and psychosocial support to build their resilience, self-determination and entrepreneurship.

The programme will prioritise the vulnerable groups identified in the UN Common Country Analysis (2016), focusing on adolescent girls, children facing obstacles in accessing schools, children subject to violence, out-of-school children, women exposed to gender-based violence (GBV), youth and persons with disabilities, children and their families living in Area C, East Jerusalem and Gaza. Children living with disabilities will be a priority in light of the high levels of deprivation they face and the significant barriers they experience in accessing essential services. In order to have maximum impact, strategies will include targeting geographic locations where UNICEF and partners can provide a holistic package of support that includes services, referrals and case management.

The planned results will be achieved through a range of strategies including: a) research that contributes to knowledge and evidence, informing policies, programming and advocacy; b) capacity development of national and civil society partners, with a focus on policies, coordination, systems strengthening and behavior change; and c) behavior change communication to address barriers related to social norms, attitudes and practices. These strategies are designed to contribute to increased equity for vulnerable and marginalized communities.

The office will also ensure that gender is mainstreamed across all its programming, building on evidence of gender inequities gathered during the current programme cycle to ensure effective targeting and appropriate responses. Projects targeting adolescent girls in Gaza, have shown that through strong community engagement and operating in ‘safe’ spaces such as schools, it is possible to open up opportunities for equitable participation and transform attitudes in more conservative areas.

Behavior change communication will be used to raise knowledge, awareness and skills in view of social inclusion, to promote positive practices for early learning, development and hygiene, and to reduce acceptance of violence. UNICEF will build on lessons on how to use social media to reach wide audiences and enable adolescents to raise their voices.

In addition, the use of innovations will be employed across programmes to improve efficiency, effectiveness and environmental sustainability, particularly in responding to the looming crisis in water
access in the Gaza Strip. Projects such as the EU-funded UNICEF constructed seawater desalination plant in Gaza and the UNICEF-MIT photovoltaic electro-dialysis reversal brackish water desalination prototype provide opportunities for learning and scale-up, including lessons on how to minimize the negative environmental impacts of desalination and how to maximize energy efficiency and the use renewable energies.

The last Programme of Cooperation featured seven programme outcomes, with the UNICEF Learning for Development (L4D) section covering two separate outcomes (education and adolescents). Based on lessons learned, the 2018-2022 country programme education and adolescents outputs have been merged into one outcome reflecting the intention of the office to focus its second decade work primarily through the education sector. The life skills and citizenship education initiative will be the overarching framework for promoting a knowledge society through improved education outcomes and economic and social development through improved employment and entrepreneurship. Furthermore, UNICEF will promote adolescent skills building through MoEHE schools to promote system changes and sustainability. This shall also contribute to further strengthening partnerships between the Ministry of Education & Higher Education (MoEHE), the High Council for Youth and Sports (HCYS) and NGOs. Broader adolescent participation and engagement will be programmed under the Social Inclusion Programme Outcome.

The specific programming support under Output 3 in Child Protection on violence in and around schools will be led by the Education and Adolescent section, in close cooperation with Child Protection.

**Figure 2. Cross-cutting priorities**

UNICEF will work closely with the Palestinian Authority, the other national authorities and UNRWA across all relevant sectors. The United Nations Country Team and the Humanitarian Country Team will be key fora for coordination and partnership. Other key stakeholders include a wide range of INGOs, NGOs and civil society and communities, including young people. A memorandum of understanding was signed between UNICEF and UNRWA at regional level in 2016 defining main thematic areas for collaboration and
cooperation modalities, further strengthening coordination of interventions and monitoring of results. UNICEF will nurture strategic partnerships and alliances, fostering commitment to cross-sectoral collaboration, supporting integrated approaches, all of which will be essential in achieving change and working towards the 2030 Agenda. This will include undertaking leadership roles in relevant sector clusters and supporting the transition to Government ownership where appropriate, for example with the WASH cluster.

On the basis of its current and past engagement in Palestine, and in light of feedback from various stakeholders, UNICEF will focus strategically on areas of comparative advantage, which include:

- access to both Palestinian and Israeli authorities that is used to promote Palestinian development priorities that require Government of Israel cooperation or to ease the restrictions on movement of Palestinian citizens and goods into and out of Gaza and the West Bank;
- presence in certain geographic areas inaccessible to the Palestinian Government and other actors, or where it is difficult to deliver services, for example in East Jerusalem, parts of Area C and Gaza;
- a mandate to promote human/child rights and other global norms;
- extensive multi-sectoral development and humanitarian expertise;
- the ability to quickly and effectively respond to crisis and emergencies, particularly in Gaza;
- expertise in cross-sectoral analysis and programming, and to build solutions that are supported by solid evidence;
- demonstrated technical expertise in UNICEF’s areas of focus, coupled with strong programmatic standards, which contributes to programmes that achieve sustainable and impactful results for children;
- a key role in empowering the Palestinian Government, for example, by supporting cluster transitioning and giving the PA a more prominent coordination role, especially in relation to education and WASH;
- a strong capacity to draw together a wide range of expertise to deal with complex, sensitive and multi-sectoral policy issues, such as child protection and early childhood development;
- a strong evidence-based advocacy role;
- the ability to integrate humanitarian and development strategies in a context of protracted crisis;
- a strong track record in implementing expeditiously and achieving lasting results and positive impacts for children and women.

The following sections present individual programme strategy notes for each prioritized area of focus. Each Strategy Note includes a theory of how the desired outcome could be achieved, and then defines UNICEF’s programmatic approaches and interventions for achieving this change. The resources required and monitoring approach are also outlined.
2 Education and Adolescents Programme Strategy

2.1 Introduction

This Strategy Note presents the rationale, programme focus and strategic approach for the Education and Adolescents Programme of the Country Programme of Cooperation (2018-2022) between UNICEF and the State of Palestine. It highlights the positive contribution that UNICEF programming will make to address children’s and adolescents’ right to education and development. The priorities outlined will contribute to the UNDAF and Goal 2 and 4 of the UNICEF Strategic Plan 2018-2021, and ultimately, towards the Sustainable Development Goals 4, 5, 8, 10 and 16. This Strategy Note is aligned with other UNICEF programme outcomes, which together make up the Country Programme.

The overall purpose of UNICEF State of Palestine’s Education and Adolescents programming is to ensure that more Palestinian children and adolescents, especially the most vulnerable, benefit from improved access to quality and inclusive learning opportunities in safe and protected environments and are enabled to contribute to their community and national development. Ultimately, by being able to receive and complete good education, children and adolescents will be better able to achieve their educational potential, be guaranteed improved health outcomes, future employment and assume their role as productive members of their societies, communities and families.

2.2 Situation Analysis and Priority Issues

The programme component takes as its starting point a number of indicators that reveal the vulnerabilities of children and adolescents related to their access to quality education within the context of a protracted humanitarian situation:

- 43% of children do not access pre-primary education, leaving them without adequate preparation for school.\(^1\)

- Access to school is obstructed by 61 Israeli Security Forces (ISF) checkpoints in the West Bank, and there is a pervasive environment of violence, harassment and intimidation, including attacks and threats of violence against schools, students and teachers. In 2016, 256 education-related incidents were documented by the UN (CAAC Database), as compared to 283 incidents documented in 2015. A total of 8,217 students were affected in all governorates, with the worse affected being Hebron and Bethlehem, followed by Nablus and Ramallah.

- School infrastructure suffers from inadequate maintenance, as well as damage and destruction from ongoing conflicts and demolitions. In the Gaza Strip, an estimated 62 per cent of government-run schools operate on double shifts (and 70 per cent of UNRWA-run schools), affecting quality of learning. The average number of students per class is also higher for the Gaza Strip, at 37 compared to 27 for the West Bank.

- In terms of school facilities, 78 per cent have a computer laboratory, 67 per cent have a science laboratory and 76 per cent have a library. In many instances these facilities are inadequate; 35 per cent of schools have one unsuitable educational facility/laboratory and 28 per cent have an unsuitable library.

\(^1\) MoEHE, (2106). *Annual Report 2015, Palestine*
A recent survey found that 38 per cent of children living with disabilities are out of school entirely and less than 45 per cent are enrolled in regular education.

Challenges in delivering high quality education mean that many children are not consistently getting a solid grounding in literacy, numeracy and life skills. According to Palestinian school examinations, school achievement has increased but is still low. Average achievement in Unified Tests in 4th grade Arabic was 68 per cent in 2013/14, compared to 50 per cent in 2011/12.

Knowledge-based rather than competency-based curriculum leaves students inadequately prepared for transition to higher level of education and/or work. Many children are not developing adequate life skills at school, with only 71 per cent of fourth graders and 61 per cent of ninth graders possessing adequate life skills (below the international proficiency level of 80 per cent).

There is a disconnect between education and labor market; more than 6 in 10 employed youth surveyed in the School-to-Work Transition Survey 2015 had qualifications that did not match their job; half were undereducated and almost a quarter were overeducated.

Ministry of Education data indicates that 70 percent of children in basic education are exposed to violence at school, rising to more than eight in ten boys. Verbal violence is the most commonplace (63 per cent), followed by physical violence (56 per cent). 14 per cent of children are exposed to sexual harassment.

**Causes of Education Deprivations**

Significant progress has been made in developing robust education system capable of responding to the needs of all children across the State of Palestine, though there are some aspect of the system that need further strengthening. Some of the primary causal factors that directly affect - or at least contribute to – violations of children’s right to education include:

- **Rising poverty and unemployment:** While Palestinians have traditionally placed a high value on education, declining employment opportunities in the labor market and rising poverty leave an increasing number of families with the stark trade-off between keeping their child in school or taking them out to start working in order to supplement the family income or, in the case of females, to get married. Youth from well-off families have a far higher probability of transitioning into satisfactory or stable employment than young people from poorer households, reinforcing disparities in income (56 per cent from well-off families are in stable employment compared to 22.5 per cent from a poor background). Pressure to drop out may be greater for those not performing well at school, yet schools lack the capacity to provide remedial support where necessary. Generally negative perceptions of vocational training mean that few children are tapping into this alternative form of education, even though evidence suggests it leads to a more rapid entry into the job market.

- **Social norms:** Patriarchal norms in Palestinian society tend to perpetuate expectations that females should take responsibility for caring for the family first and foremost. Once a female is married she is not generally expected to continue her education, and given that 24 per cent of women aged 20 to 49 years were married before 18 years of age (and 2.1 per cent of women aged 15 to 49 years were married before 15 years), this represents a significant barrier to female entry into the work force. As pointed out in the ILO Transition-to-Labor Survey, while a clear majority of school-going females want

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19 ILO (2016). *Labour market transitions of young women and men in the OPT Results of the 2015 school-to-work transition survey*
21 ILO (2016). *Labour market transitions of young women and men in the OPT Results of the 2015 school-to-work transition survey*
to work when they complete their education (97 per cent), by the time they reach working age, the opportunities available to them and the choices they make reflect a different reality, with only 16 percent of young women (aged 15-24 years) participating in the labor force compared to 65 per cent of young men. Hierarchical, family-centered (rather than child-centered) social norms may also affect education quality by hindering the adoption of a more student-centered pedagogy and perpetuating the acceptance of violence as a means of disciplining children. Attitudes towards disability among society, including among parents, teachers and students, can also lower expectations of and commitment to inclusive education.

- **Obstructions to education access:** Immediate restrictions to education access include unsafe passage to school, violence from settlers and travel restrictions. In the West Bank, including East Jerusalem, many pupils and teachers face harassment and violence from the Israeli Security Forces and Israeli settlers. Of particular concern are children living in Area C, the Seam Zone, schools and communities near the barrier, settlements, military areas and isolated communities, where access restrictions, demolitions and high levels of attacks on pupils and schools create a precarious and violent environment. In the Gaza Strip, recurring conflicts have caused high levels of disruption and distress. During the 2014 conflict, 808 students and 45 teachers were killed in air strikes and ground incursions and 2,703 students and 98 teachers were injured, 547 education facilities were damaged and 21 were destroyed. Schools were also used as temporary shelters for people who were internally displaced. An estimated US$43.3 million of damage to infrastructure and assets was incurred in the education sector alone.

- **Normalization of violence:** Actions related to the policies and practices of the occupation such as home demolitions and displacement, violence by settlers and Israeli security forces, loss of community and social networks, economic hardship and increased poverty, coupled with the resulting sense of hopelessness, frustration and desperation, have all contributed towards the acceptance of violence as common practice, which manifests itself in increased violence within the households, school and communities. Fragmentation within Palestinian society has also resulted in increased mistrust and competition among Palestinians and further exacerbates the normalization of violence.

- **Violence against children and violent discipline:** The use of physical, verbal and or psychological violence against children is widely accepted as part of child rearing and discipline in Palestinian society. Parents feel they ‘own’ their children and have the right to discipline them as necessary. Violent discipline is also a common practice use by teachers in schools. Ministry of Education data indicates that more than three quarters of children in basic education are exposed to violence at school, rising to more than eight in ten boys (see figure 6.3). Verbal violence is the most commonplace (63 percent), followed by physical violence (56 percent). 14 percent of children are exposed to sexual harassment. (According to the MICS survey 2014, 61 per cent of students witnessed physical violence at schools and 92 per cent children experienced psychological aggression or physical punishment). In spite of a policy of non-violence in school, corporal punishment is regularly employed by teachers. For many parents, teachers and students, there remains a perception that violence is a necessary means to manage student’s behavior. Inadequate numbers of counsellors, and training and support for them, means they are unable to meet the significant needs of students and teachers. Mechanisms to resolve and follow up on cases of violence originating in schools are weak, as are linkages with child protection, health and social services.

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23 ILO (2016). Labour market transitions of young women & men in the OPT Results of the 2015 school-to-work transition survey
Prioritized Education concerns

Several important considerations were made in the development of this Programme Strategy: the analysis of the situation, UNICEF Palestine’s experience and lessons learnt from current programming, the criticality of the issues, the financial and human resource capacities, and the unfinished business of the current country programme. Furthermore, UNICEF’s core commitments in humanitarian situations, and the mandates and roles of other UN agencies, particularly UNESCO’s in relation to inclusive education, UNFPA’s in relation to adolescents and youth participation and UNDP’s in respect of school construction were also considered. As a result, the priority concerns for UNICEF will be access of children to early learning opportunities, and quality and relevant education that offers diversified education pathways to adolescents and protecting education from attack.

As such, the prioritised deprivation for UNICEF’s 2018-2022 Education and Adolescents work in the State of Palestine is: **Children and adolescents in the State of Palestine are not having their rights to access quality and relevant education and to make a meaningful transition to the world of work met.**

The lack of public awareness of the value of early childhood development (ECD) and the fact that ECD services is neither free nor compulsory are also important barriers to quality learning in basic and secondary education.\(^\text{24}\) Parents do not understand the importance of ECD in achieving school readiness and in developing resilience and pro-social behaviours which will benefit the child throughout her or his life, with the potential to contribute towards positive change that will benefit the society as a whole. This is matched by neglect of the ECD sector by all education providers, resulting in the absence of trained professionals, with caregivers or practitioners in pre-school centres lacking qualifications. Too often, they use traditional methods of teaching and learning and do not adequately provide interactive learning and development engagement for young children.

For close to 10 years UNICEF SoP has worked on supporting government and partners in promoting access to early learning opportunities. Some notable achievements in this area include development and adoption of the ECD Strategy (2016), development of the ELS and pre-primary curriculum (in progress), teacher training and parental awareness on ECD and positive discipline. UNICEF has established itself as the key lead in the ECE/ECD sector and will continue to serve as the key technical lead in this area.

Across the State of Palestine, teachers tend to use outdated teacher-centered methodologies and rely on corporal punishment to instill discipline.\(^\text{25}\) This is a reflection of the lack of skills and knowledge about children’s rights and of positive non-violent discipline among many educational staff. In addition, knowledge-based rather than competency-based curriculum leaves students inadequately prepared for transition to higher level of education and/or work. In turn, students are frustrated with rote learning and the sense that education is irrelevant and does not prepare them for any kind of social or economic mobility. This sense of hopelessness is further reinforced by poor results in education attainment, and the discriminatory policies and barriers to employment that Palestinian youth often encountered.

As the leader in the field of quality education, successfully integrating Child-Friendly School principles in the MOEHE’s approach to improving education quality, UNICEF will continue to work on promoting life skills and citizenship education and active learning teaching methodologies. UNICEF will also work to


increase the relevance of education to employment through multi-sectorial cooperation and planning, mentorships and internships, career guidance and counselling services, and the expansion of vocational training institutions. With more opportunities to make a living, it is believed that young people’s involvement in violent activities will also decrease.

As a global cluster lead and the Co-Chair of the EIE Working Group, UNICEF has committed to accompany the government in mainstreaming humanitarian coordination as key Ministry function as well as providing technical leadership in humanitarian response, DRR and emergency preparedness and advocacy for protecting education from attack.

### 2.3 Theory of change

The Theory of Change for the UNICEF priority deprivation in education describes the change pathway to move from the current manifestation of the deprivation, where *“Not all children and adolescents in the State of Palestine are having their rights to access quality and relevant education and to make a meaningful transition to the world of work met”* to the desired state, where *“By 2022, more Palestinian children and adolescents, especially the most vulnerable, benefit from improved access to quality and inclusive learning opportunities in safe and protected environments and are enabled to contribute to their community and national development.”*

To achieve the desired state, **three critical preconditions** must be met:

1. Children are ready for school
2. Children and adolescents benefit from improved quality and relevance of the education system
3. Children attend school without interruption

The theory of change identifies the change pathway that will contribute to this outcome, as follows:

**IF** Children have access to KG and ECD centers; and
**IF** There is improved quality of teaching; and
**IF** There is improved relevance of education; and
**IF** Teaching and Learning environment is improved; and
**IF** Parents and caregivers practice supportive and positive learning and child rearing practices; and
**IF** Children, especially girls, have safe/r access to schools;

**THEN,** there will be an improved quality and relevance of the education system, **and** more children will be better prepared for entering primary schooling, **and** more children will attend school without interruption or physical obstacles. **IF** these three preconditions are met, **THEN** more Palestinian children and adolescents, especially the most vulnerable, will benefit from improved access to quality and inclusive learning opportunities in safe and protected environments and will be better able to contribute to their community and national development.

Please see figure 1 for a visual representation of the Theory of Change.
Figure 1. Theory of Change for Education and Adolescents

By 2022, more Palestinian children and adolescents, especially the most vulnerable, benefit from improved access to quality and inclusive learning opportunities in safe and protected environments and are enabled to contribute to their community and national development.

Assumptions: Government and partner commitment. Engagement of duty-bearers to address gaps
Risks: Insufficient fiscal space and human resources. Disrupted humanitarian service provision in Gaza

- Teachers have professional degrees and qualifications required
- Teachers have the skills to teach LSCE
- Teachers apply positive discipline
- Teachers have skills to deal with children with special needs

- Curriculum is modernized to meet the needs of children for transition to higher education or world of work
- Life skills are promoted
- Diversified education pathways are available and used (TVE) promoted
- Extracurricular education is strengthened
- Adequate number of classrooms
- Suitable classrooms
- Furniture and equipment available
- Space to play
- Wash facilities are adequate
- Schools equipped for children with disabilities
- Children and adolescents have better conflict resolution skills

- Increased financial resources
- Education system strengthening
- Parents are aware of the importance of ECD and positive discipline
- Parents practice positive discipline
- More KGs available especially in remote areas
- KG teachers are trained
- There is standardised KG curricula
- KG teacher - professionalized and remunerated
- MoE and others acknowledge importance of investment in ECE

CURRENT SITUATION: 44% percent of children do not access pre-primary education, leaving many not ready for school; violence at home, school and in the communities affects children’s and adolescents’ learning and well-being; adolescents students lack necessary skills and knowledge to transition to work or chose alternative education pathways that could lead to quicker employment; formal education curriculum is knowledge rather than competency based.
**Assumptions and Risks**

There are two major *assumptions* which underpin the Theory of Change:

1. The government and partners are willing and committed to achieve better education outcomes for children and adolescents, based on generated evidence and are willing to strengthen-positive social norms and community involvement. It also assumes there is willingness, commitment and cooperation of statutory partners including the MoEHE, HCYS, MoL and MoH to improve the education system and adolescents’ opportunities for employability. To harmonise the decision-making and management of the education sector, the programme assumes there is willingness in Gaza and the West Bank to communicate and share experiences. While UNICEF will support the mobilization of community level actors on the improvement of education quality and relevance, it is assumed that there is willingness among local officials, teachers, parents and adolescents to acquire more knowledge and information to achieve better education and better protect their children and themselves from violence that may impact on children learning outcomes.

2. Evidence-based research and studies are available to support policy development and advocacy for the right to education.

*Two risks* have been identified which would block the change pathway from occurring in the event of their happening. In line with the risk management approach, each of these have been identified as major, in that they have both a high level of likelihood and have a high level of impact.

1. Governments are unable to create sufficient and sustained fiscal space within their budgets, and to allocate sufficient staff especially at governorate level to support the long-term vision of developing robust education systems that respond to the needs of all children and introducing changes in knowledges and skills of parents, teachers and adolescents.

2. The administrative divide between Gaza and the West Bank have resulted in disrupted humanitarian service provision in Gaza, placing children and families under considerable stress and compromising service providers’ abilities to detect and refer vulnerable children and their families.

### 2.4 UNICEF’S Strategic Programme Framework

**Programme focus and strategic approach**

UNICEF Education and Adolescents Programme will reach out to the most vulnerable children, from early childhood through to adolescence, focusing on access to and the quality of early childhood and basic education and other learning opportunities. The life skills and citizenship education initiative will be the overarching framework for promoting a knowledge society through improved education outcomes and economic and social development through improved employment and entrepreneurship. Recognizing the inequities within society, and disparities of opportunity within the State of Palestine, the strategy will maintain a particular focus on children who are most vulnerable. In relation to adolescents, UNICEF SoP will particularly invest in strengthening their life skills and employability through the education sector. The office will also promote the participation and civic engagement of adolescents, under social inclusion and communication initiatives managed by the Social Protection and Communication teams.

Specifically, UNICEF will focus on strengthening the capacity of caregivers and teachers to use early childhood development (ECD) practices and apply positive discipline. Under the life-skills and citizenship
education framework and in collaboration with schools, communities, non-governmental organizations (NGOs) and the private sector, the skills of adolescents for entrepreneurship will be developed alongside opportunities to practice them. Technical support will continue to be provided to the Ministry of Education and Higher Education and other partners to develop the national framework for life-skills education, institutionalize humanitarian response coordination as a key ministry function and strengthen pre-primary education service provision. UNICEF will strengthen advocacy for protection of education against attacks and support evidence gathering on inequities in access and quality of education and youth related services.

Strong cross-sectoral linkages will be established with the Health sector on ECD and the detection of developmental delays, and with Child Protection and Communications sectors on violence against children and adolescents in and out of schools.

**Programme Implementation Strategies**

In order to achieve the planned results of the programme, UNICEF will apply a set of prioritized intervention strategies in support of and in collaboration with the Palestinian authorities and a broad range of development and civil society partners.

UNICEF will prioritise strengthening the generation of both qualitative and quantitative data and evidence disaggregated by sex and age on a range of issues. The OOSCI study, KAP surveys on ECD and adolescents and East Jerusalem education policies research conducted in 2017 will create a basis for advocacy and programming on issues relating to school drop-out, violence in and out of schools as well as improved access to quality education for EJ children.

Informed by the robust evidence-base, UNICEF will engage in policy dialogue and advocacy for promoting key education reforms and for protecting education from attack with the Palestinian authorities and the Israeli government, aiming to strengthen their commitment to investing in education quality and to better respect children’s rights.

At the core of the UNICEF’s programme is a focus on strengthening institutional capacity within government institutions responsible for the planning, management and delivery of education services. This includes government officials responsible for management and reform of the education system; teachers, principals and other school staff working in pre-primary and basic education; as well as civil society, faith-based organisations, and NGOs who directly provide support services for children.

Through the use of a comprehensive communication for development approach (C4D) UNICEF will collaborate with partners to ensure positive change in social attitudes and practices that harm girls and boys. The implementation of a C4D strategy by UNICEF, in collaboration with other sectors, will equip a wide range of duty-bearers (including parents, teachers, families, communities, education and youth sector officials) with information and tools to reframe the adult-child relationship and reduce engrained harmful attitudes and behaviours.

UNICEF programming will focus on bridging humanitarian with development assistance for maximum impact and sustainability. Focus on strengthening policies, practice and capacities of the education system is expected to increase resilience of the system against frequent shocks caused by protracted conflict context.
UNICEF will continue to use its convening power to harness the commitment of other sectors and promote **intersectoral and interagency collaboration** for strengthening access to quality learning and protecting education from attack. Specifically, joint programming will be done on developmental delays and ECD with the Health and Nutrition section, on violence in and out of schools and education violations with Child Protection, and on participation and empowerment of adolescents with the Social Inclusion section.

UNICEF will also develop and leverage resources for children through **resource mobilisation** efforts in coordination with RO and HQ, in particular focusing on global mechanisms and opportunities such as Education Cannot Wait, GPE and others.

**Results Framework**

The Outcome of the Education and adolescents programme is to ensure that:

**By 2022, more Palestinian children and adolescents, especially the most vulnerable, benefit from improved access to quality and inclusive learning opportunities in safe and protected environments and are enabled to contribute to their community and national development**

Two Outputs will contribute towards the achievement of the Outcome:

**Output 1: Policy makers and key stakeholders have coordinated and developed evidence-based, gender-responsive education and youth reform policies.**

This output responds to several important new and emerging policy development and system strengthening opportunities that UNICEF has already been participating in as lead technical support to the national partners. Namely, building on the recently adopted National ECD strategy, the MoEHE now wishes to focus on expanding access to quality early learning opportunities for children, including the expansion of pre-school, 0 grade classrooms. Efforts to revise the kindergarten curriculum are underway with UNICEF playing a key role in their review as well as subsequent implementation.

Similarly, in 2015, the MoEHE embarked on the pathway to institutionalise humanitarian coordination as a core MoEHE function, with UNICEF serving as its key technical advisor in this process of acquiring new skills and creating new mechanisms to lead on the planning and management of education in emergencies.

Finally, as part of the overall effort to strengthen quality and relevance of education, the MoEHE is undertaking curriculum reform, which offers the opportunity to integrate life skills and citizenship education in the curriculum, as well as co-curricular and extra-curricular content.

UNICEF will work with partners to achieve this output through the following strategic interventions:

- Technical support to the MoEHE and partners to develop the national framework for life skills education; operationalize the ECD Strategy and the Youth Strategy; develop new curriculum; and institutionalize humanitarian coordination as the core function of the Ministry.
- Working with partners in the Education Cluster and Education in Emergencies (EIE) Working Group, as well as the Protection partners, to strengthen advocacy for protection of education against attacks.
- Supporting evidence gathering on inequities in access and quality of education and youth related services.
Output 2: Service providers have increased capacity to deliver quality, inclusive education and provide opportunities to adolescents to develop and practice life-skills and citizenship education, including in humanitarian settings.

This output contributes to the ongoing reform processes within the MoEHE related to strengthening capacity of service providers in ECD and pre-primary education and in life skills and citizenship education, as well as efforts to implement specific outputs in the soon to be adopted Youth Strategy related to participation and empowerment of young people and improving their economic and social well-being. It also contributes to the MOEHE’s work to strengthen humanitarian coordination and emergency preparedness by supporting specific elements in the recently developed National Contingency Plan related to school-based emergency preparedness.

In order to achieve this output, UNICEF and partners will engage through a range of strategic interventions, including:

- Strengthening capacities of parents, caregivers and teachers to use ECD in caregiving and parenting and to apply positive discipline at home and in school.
- Through a cross sectoral intervention with Health and CP, enabling the same stakeholders to engage in the early detection of developmental delays in children.
- Enhancing capacities of teachers to promote life skills through active learning teaching methodologies and innovative approaches in co-curricular area such as Learning Objects approach.
- Strengthening adolescents’ skills for entrepreneurship skills and citizenship education supporting the creation of opportunities to practice those skills, in collaboration with schools, communities and private sector, so that they can make a meaningful transition to work and/or make academic choices that may lead to faster employment (TVET).
- Strengthening emergency preparedness and Disaster Risk Reduction (DRR) in the most vulnerable areas/schools in the West Bank and Gaza, employing new innovative approaches such as linking schools and partners through telecommunication platforms for early alerts.

There will be a strong focus on equity, human rights and gender equality in planning and implementation to ensure that the most vulnerable remain at the forefront of all interventions.

The Programme’s Results Structure is visually presented in figure 2.
Figure 2. Education and Adolescents Results Structure

By 2022, more Palestinian children and adolescents, especially the most vulnerable, benefit from improved access to quality and inclusive learning opportunities in safe and protected environments and are enabled to contribute to their community and national development.

Output 1: Policy makers and key stakeholders have coordinated and developed evidence-based, gender-responsive education and youth reform policies.

Output 2: Service providers have increased capacity to deliver quality, inclusive education and provide opportunities to adolescents to develop and practice life-skills and citizenship education, including in humanitarian settings.

Interventions:
- Technical support to the MoEHE and partners to develop the national framework for life-skills education; operationalize ECD Strategy and Youth Strategy; develop new curriculum; and institutionalize humanitarian coordination.
- Strengthen advocacy for protection of education against attacks.
- Support evidence gathering on inequities in access and quality of education and youth related services.

Interventions:
- Strengthening capacities of parents, caregivers and teachers to use ECD in caregiving and parenting, and applying positive discipline at home and school.
- Promoting early detection of developmental delays in children amongst teachers (with H&N and CP).
- Strengthening capacities of teachers to promote life skills.
- Strengthening adolescents’ skills for entrepreneurship & opportunities to practice skills.
- Strengthening emergency preparedness and DRR in the most vulnerable areas/schools.

Capacity Development - Advocacy - C4D - Evidence based policy dialogue - Service Delivery - Cross-sectoral linkages - Partnerships

Staff, financial resources (RR/OR), technical assistance, consultants, materials, equipment, vehicles.
### Measurement Framework for Education and Adolescents

#### Sustainable Development Goals:
SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
SDG 5: Achieve gender equality and empowerment for all women and girls

#### SoP National Policy Agenda:
Pillar 3: Sustainable Development – National Priority 8, Quality Education for All

#### UNDAF Strategic Priority 4 - Leaving no one behind: Social Development and Protection

- UNICEF Strategic Plan 2018-2022: Goal Area 2 – Every child learns

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>MoV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross enrolment ratio in pre-primary education (2015)</td>
<td>57.3% (57.7%-F 56.9%)</td>
<td>70% (M 70%-F 70%)</td>
<td>Ministry of Education and Higher Education (MoEHE) annual report</td>
</tr>
<tr>
<td>Percentage of adolescents in target areas involved in civic and economic engagement initiatives</td>
<td>TBD</td>
<td>20% increase over baseline</td>
<td>Survey</td>
</tr>
<tr>
<td>Transition rate between basic and secondary education (2015)</td>
<td>89.7% (85.5%-F 93.2%)</td>
<td>95% (M 94%-F 96%)</td>
<td>MOEHE Annual Report</td>
</tr>
</tbody>
</table>

1. **Output 1:** Policymakers and key stakeholders have coordinated and developed evidence-based, gender-responsive education and youth-reform policies.

**Key Partners:** MOEHE, HCYS, local NGO partners, Save the Children, UNESCO, ILO, UNFPA

**Life skills and citizenship education embedded in the policy and curriculum frameworks**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Framework documents endorsed by MOEHE</th>
</tr>
</thead>
</table>

2. **Output 2:** Service providers have increased capacity to deliver quality, inclusive education and provide opportunities to adolescents to develop and practise life-skills and citizenship education, including in humanitarian settings.

**Key Partners:** MOEHE, HCYS, local NGO partners, Save the Children, UNESCO, ILO, UNFPA

**Number of primary teachers who received in-service training provided by UNICEF**

<table>
<thead>
<tr>
<th></th>
<th>88,000 teachers</th>
<th>20,000 teachers</th>
<th>MoEHE and partners reports with observation checklists</th>
</tr>
</thead>
</table>

**Number of adolescent boys and girls engaged in UNICEF-supported entrepreneurial and civic engagement skills development programmes in targeted districts**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>30,000 (50% females)</th>
<th>Partners’ reports</th>
</tr>
</thead>
</table>

**Number of schools / communities developing and implementing Disaster Risk Reduction measures/plans with UNICEF support**

<table>
<thead>
<tr>
<th></th>
<th>58 schools</th>
<th>300 schools (WB and Gaza)</th>
<th>MOEHE and school reports</th>
</tr>
</thead>
</table>

**Number of caregivers of children (boys and girls) under the age of six with awareness of importance of Early Childhood Education and positive discipline**

<table>
<thead>
<tr>
<th></th>
<th>10,000</th>
<th>30,000 (50% females)</th>
<th>MoEHE and partners’ reports with observation checklist</th>
</tr>
</thead>
</table>

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20 Identification and targeting of the most vulnerable children for all outcomes will be an ongoing process and will include children living with disabilities, living in areas with high restrictions of movement and/or high levels of political violence and children exposed to multiple deprivations. Issues of gender equity will consistently be addressed.
2.5 Monitoring achievement of outputs and UNICEF’S contribution to outcomes

Programme monitoring will be undertaken at the output (implementation) and outcome (change) levels and include HACT monitoring. Mid-year programme reviews will be undertaken, as well as assessing the effectiveness of the capacity development interventions in MOEHE staff over time with programme changes. Monitoring will include the systematic collection of data including KAP, formative and quantitative research, surveys, bottleneck analysis and reporting of data on the agreed indicators to provide UNICEF and the key stakeholders with indications of the extent and adequacy of progress and achievement of objectives and progress in the use and management of allocated funds. The approach will include field visits, regular meetings, using technology mediums, and reports. The beneficiaries will be provided with a platform to discuss, review and validate studies conducted and to understand the process of monitoring and evaluation.

Reports of progress, evaluation, including spending will be available online using innovative models to enhance transparency and accountabilities. It is proposed to undertake an evaluation of the Early Childhood development and education sector during the programme cycle.

Due to the protracted crisis in the State of Palestine, UNICEF will use a flexible monitoring approach consistent with Humanitarian Performance Monitoring (HPM). The selection of indicators are frequently reported against within the HPM table, and are aligned to the Humanitarian Response Plan. UNICEF will enhance the capacity of national partners to develop and sustain appropriate monitoring mechanisms. For example, UNICEF’s research agenda will fill gaps in data on targeted issues, while promoting study methodologies that allow for achievable and regular review and monitoring of the situation. Such methods will enable governments to measure progress and impact of their programmes in a planned and regular way.

2.6 Resource requirements

Resource requirements for the Education and Adolescents outcome are detailed in the table below. UNICEF’s Education and adolescents programming in the State of Palestine has relied on global education thematic funding, development funding from Finland, Spain and German National Committees for UNICEF, as well as humanitarian funding including from Japan, France, DFID and thematic humanitarian. UNICEF will endeavor to diversify funds seeking issues specific funding that directly supports the planned outcomes. The programme is also supported by the Programme Effectiveness outcome, which ensures (amongst other things) effective programme coordination and partnerships, communication for development, advocacy and improving monitoring, reporting and evaluation.

<table>
<thead>
<tr>
<th>Education &amp; Adolescents, 2018-2022 (estimates, US$)</th>
<th>RR</th>
<th>OR</th>
<th>ORE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1</td>
<td>614</td>
<td>2,000</td>
<td>1,100</td>
<td>3,714</td>
</tr>
<tr>
<td>Output 2</td>
<td>1,400</td>
<td>6,000</td>
<td>3,400</td>
<td>10,800</td>
</tr>
<tr>
<td>Outcome Total</td>
<td>2,014</td>
<td>8,000</td>
<td>4,500</td>
<td>14,514</td>
</tr>
</tbody>
</table>
3 Child Protection Programme Strategy

3.1 Introduction

This Strategy Note presents the rationale, programme focus and strategic approach for the Child Protection Programme of the Country Programme of Cooperation (2018-2022) between UNICEF and the State of Palestine. It highlights the positive contribution that UNICEF programming will make to address children’s right to protection from violence, exploitation and grave violations. The priorities outlined will contribute to the UNDAF and Goal 2, 3 and 4 of the UNICEF Strategic Plan 2018-2021, and ultimately, towards the Sustainable Development Goals 4, 5, 8, 10 and 16. This Strategy Note is aligned with other UNICEF programme outcomes which together make up the Country Programme.

The overall purpose of UNICEF State of Palestine’s child protection programming is to ensure that more children, especially the most vulnerable, are better protected from violence, exploitation and grave violations. Ultimately, by eliminating these childhood violations, children will be better able to achieve their educational potential, be guaranteed improved health outcomes, and assume their role as productive members of their societies, communities and families.

3.2 Situation analysis and priority issues

The programme component takes as its starting point a number of indicators that reveal the vulnerabilities of children exposed to violence, exploitation and grave violations within the context of a protracted humanitarian situation:

- According to the MICS 2014, 92 per cent of children aged 1 to 14 years experienced violent disciplining at home in the month prior to the survey, and 23 per cent of children experienced severe physical punishment. Rates of children experiencing severe physical punishment were noticeably higher in the Gaza Strip at 31 per cent, compared to 17 per cent in the West Bank, and higher for boys at 27 per cent than 19 per cent for girls. Psychological aggression was also commonly experienced by children as a form of child discipline (89 percent).

- A study on violence in 2011 found that 48 percent of households (48 percent in the West Bank and 49 percent in Gaza) had been exposed to violence from the security forces and settlers. In the same study, 51 per cent of children aged 12 to 17 years had been exposed to violence by a member of the household during the previous 12 months (46 per cent in the West Bank and 59 per cent in the Gaza Strip). Over two thirds (69 per cent) had been exposed to psychological violence, 34.2 per cent had been exposed to physical violence from their fathers, and 34.5 per cent to physical violence from their mothers.

- In 2010-2011 the MoEHE carried out an evaluation of its non-violence-in-school policy. It found that 34 per cent of students said they had been subjected to physical violence in school in the previous year, while another 67 per cent said they had witnessed physical violence and nearly 29 per cent admitted to using physical violence against others. Moreover, 43.5 per cent of students said they had been subjected to psychological abuse and 73 per cent had witnessed psychological abuse being

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27 Severe physical punishment is defined as ‘hitting the child on the head, ears or face or hitting the child hard and repeatedly’
inflicted on other students. Twelve per cent of students said they had been subjected to sexual violence and more than 23 per cent had heard of others who had complained of such violence (MoEHE 2011).

- In 2016, 2003 incidents of grave violations affecting 24,768 children were documented.\textsuperscript{30}
- Sexual abuse is also an issue of growing concern, but it is a highly sensitive issue in the Palestinian cultural context (CPWG 2014). Many cases of violence against girls are not reported, as they are solved internally by the family in order to preserve the child’s reputation and the family’s dignity (National Strategy to Combat Violence Against Women 2011 - 2019). As a result, reliable data on the nature and extent of child sexual abuse is not available.
- A study undertaken by PCDCR in Gaza revealed that of the 317 child survivors reached through their program, 80 per cent was perpetrated by family or relatives and only 20 per cent by strangers.\textsuperscript{31}
- Over the past decade, children living in the Gaza Strip have been subjected to three major conflicts. The most recent in 2014 resulted in more than 550 deaths and 2956 injuries among children and left an estimated 1,000 with permanent disabilities.\textsuperscript{32} More than 350,000 children experienced acute psychosocial distress.\textsuperscript{33}
- Child marriage is declining, but almost one quarter of women aged 20 to 49 years are still married before 18 years of age.\textsuperscript{34}
- Research and data in the area of children in contact with the law is limited. With the introduction of the Juvenile Protection Law, the formal systems of justice are yet to attain compliance with international standards. While diversion away from formal systems and alternatives to detention is desirable, it is not clear to what extent children’s rights and their best interest are safeguarded in these informal community processes.
- Approximately 6 per cent of children aged 5 to 14 years in the State of Palestine are engaged in economic activities or household chores to the level considered to be child labour.\textsuperscript{35}

**Causes of Child Protection Deprivations**

Violence, abuse, neglect and exploitation against children are caused by complex and inter-related factors, which need to be addressed in a systematic way to attain the goal of preventing and attaining the prevention of violence and exploitation against children. Significant progress has been made in developing comprehensive child protection systems across the State of Palestine, though there are some components which are not operating optimally and require further consolidation. As a result, some of the factors that directly cause - or at least contribute to – violations of children’s protection rights still remain. The primary causal factors include:

- **Poverty and unemployment.** Poverty and wealth inequality have a significant impact on the welfare and protection of children. Poverty and unemployment have driven more than a quarter of all households into food insecurity; an estimated one million people are in need of health and nutrition interventions; and 1.8 million people require some form of protection assistance (HRP, 2017). Unemployment at 25.9 per cent, is more than twice as high in Gaza (41 per cent) as in the West Bank (17.3 per cent) while youth unemployment in Gaza currently stands at 61 per cent.

\textsuperscript{30} CAAC database (2016).
\textsuperscript{31} CPWG, 2014
\textsuperscript{34} PCBS, UNICEF and UNFPA, (2015). Palestinian Multiple Indicator Cluster Survey 2014, Palestine
compared to 28.7 per cent in the West Bank. The coping capacity of households has been eroded to the point that their resilience to onset shocks is deeply compromised. This breakdown of traditional social cohesion increases the risk that children will be neglected or at least insufficiently supervised and guided. Children with disabilities, particularly those from large families and who do not access to education, are vulnerable to neglect and harsh physical treatment.

- **Harmful social and cultural norms.** Prevailing attitudes and practices can negatively impact protection outcomes for girls and boys and need to be addressed. Gender roles and relations are rooted in patriarchy and girls are often not accorded the same value, respect and opportunity as boys. Early marriage is common in the Palestinian society. According to the Palestine Central Bureau of Statistics (2010), approximately 36% of women were married before the age of 18, and 5% before the age of 15. High levels of domestic violence, dynamics which likely play out in bullying in school, and gender expectations explain why adolescents in particular come into contact with the law. Social norms and acceptance of corporal punishment for the purpose of disciplining or educating children continues widely and is accepted and practices by parents, teachers and others.

- **Ongoing Israeli-Palestinian conflict:** The ongoing manifestation of grave violations by parties to the conflict is an underlying causal factor, and includes killing and maiming, attacks against schools and health facilities, denial of humanitarian access, and child recruitment for armed conflict, in the context of ongoing clashes, settler violence and stabbings. Rates of domestic violence were seen as correlated with increased conflict-related violence, as well as high levels of unemployment, which contributed to alcohol and drug use and family discord. The normalization of violence between Israeli Security Forces and children, ill-treatment of children in military detention, and acceptance of violence against women also serves to perpetuate ongoing protection violations.

- **Lack of accessible, quality, resourced social services and justice systems for families and children:** Palestine’s ability to establish stable, strong national governance structures, institutions, and systems is severely hampered by the occupation and its inability to operate as a homogenous, integrated, and contiguous territory. The combination of physical barriers, financial restrictions, fragmented and patchwork jurisdiction undermine the government’s ability to establish effective government structures and deliver essential services to its people. This has resulted in duplicate administrations and parallel legal systems. In Gaza, the capacity to govern and deliver services was further undermined by the destruction of public and other buildings (e.g. government offices, courthouses, police stations, women’s centres, schools, et.) during the 2014 Israeli military offensive (UN 2014). In general, the government is significantly under-resourced, under-staffed, and has variable reach to implement laws, policies and services throughout the State of Palestine. In addition to the formal justice system, informal dispute resolution mechanisms or conciliation forums are commonly used throughout Palestine to resolve conflicts, including many cases relating to violations of children’s rights. In general, the government’s ability to provide social services remains restricted for the population in the Gaza, Area C of the West Bank and East Jerusalem. In East Jerusalem, children are directly impacted by the on-going situation of protracted occupation and conflict, and discriminatory planning restrictions significantly affect public infrastructure and service delivery, including services for children. The government remains

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heavily dependent upon international aid to provide support for social development in health, education, and social services.

- Efforts to build the capacity of national social welfare workforces have not kept pace with the development of the systems per se. Across Palestine the social welfare workforces are characterized by dedicated but overwhelmed staff. Limited application of legal and policy frameworks for child protection is exacerbated by the administrative divide between Gaza and the West Bank, including East Jerusalem and three legal systems. Significant progress has been made with the ratification of the Convention on the Rights of the Child, and the approval of the Juvenile Protection Law, but many of the legal provisions have not been harmonized with customary practices, where the majority of cases are responded to. The legal frameworks replicate international standards but lack the resources to be operational. As a result, children and families do not receive the professional help they require.

Prioritised Child Protection Concerns

The priority child protection concern for UNICEF in the 2018-2022 country programme is the high and unacceptable levels of violence, exploitation and grave violations experienced by Palestinian children. This was determined based on the analysis of the situation, review of experience and lessons learnt from current programming including unfinished business. It also considered the criticality of the issues, UNICEF’s financial and human resource capacities, UNICEF’s core commitments in humanitarian situations, and the roles of UNFPA and UN Women in relation to child marriage and ILO in respect of child labour.

Based on this, the deprivation for UNICEF’s 2018-2022 child protection work in the State of Palestine is: Children in the State of Palestine are not having their right to protection against violence, exploitation and grave violations met.

There are two main sources of violence, exploitation, and grave violations against children in the State of Palestine: i) violence resulting from the occupation and ongoing Israeli-Palestinian conflict; and ii) violence within Palestinian families and communities, including domestic violence, harsh corporal punishment in homes and schools, sexual abuse, early marriage, and child labour. The two are interconnected, with the violence, daily hardships, trauma and dislocation from the occupation integrally linked to family stress and dysfunction. The conflict also has a significant impact on family violence and abuse against children. As a result of increased stress on parents, coupled with cultural acceptance of corporal punishment, children are experiencing relatively high levels of physical violence within their families.

Child sexual abuse is an issue of growing concern for Palestinian children, but given the highly sensitive nature of the problem, most cases are not reported. Most incidents of sexual abuse are resolved internally by the family in order to preserve the child’s reputation and the family’s dignity. Violence in schools is also a significant issue for children. Lessons learned in the imperative to strengthen child protection systems to respond effectively to vulnerable and children and families, whilst preserving confidentiality and the best interests of the child.

The SoP’s legal and judicial system has been shaped by a variety of influences, including Ottoman, British, Israeli, Jordanian (for the West bank), Egyptian (for Gaza) and Sharia law. The presence of two separate governments in the West Bank and Gaza has led to two separate executive and legislative authorities, and many recent laws such as the 2012 amendments to the Child Law and the juvenile justice law are not being applied in Gaza. The inability of the Legislative Council to function has disrupted efforts to
modernise and unify Palestinian laws, since laws can currently only be passed by presidential decree. In addition, the justice system faces a number of challenges in delivering access to justice, including the government’s limited jurisdiction to uniformly enforce laws across the State, limited number of fully trained judges, lawyers, and prosecutors, inadequate infrastructure, the slow speed of judicial decision-making, lack of legal aid and legal literacy, and limited coordination amongst justice and security sector institutions (UNDP & UN Women 2014). In Gaza, police, prosecutors and judges are overwhelmed with the high numbers of cases. With respect to children, access to child-sensitive justice is hampered by the lack of specialized courts, judges, and lawyers specially trained on children’s issues. Child victims and witnesses of crime receive minimal support through formal channels, and as a result many communities seek to resolve conflicts through informal justice systems, either as an alternative to or a complement to formal procedures. Lessons learned indicate that access to justice for children requires capacity building of justice actors, sensitization on children’s rights, and introduction of child-friendly guidelines and processes.

3.3 Theory of Change

The Theory of Change for the UNICEF priority deprivation in child protection describes the change pathway to move from the current manifestation of the deprivation, where “Children in the State of Palestine are not having their right to protection against violence, exploitation and grave violations met” to the desired state, where “By 2022, more children, especially the most vulnerable, are better protected from violence, exploitation and grave violations”

To achieve the desired state, two critical preconditions must be met:

1. Stronger quality and coverage of preventive and responsive child protection (social welfare and justice) services;

The Theory of Change pathway to that articulates the scenario described above is:

**IF** the Governments have developed and enacted strengthened child-rights based legal and policy frameworks and procedures, and
**IF** more children in need of protection are detected early and access quality coordinated social welfare services, and
**IF** strengthened coordination mechanisms are in place between key government institutions and CSOs, and
**IF** adequate quantity and quality of child protection and child justice service providers are present, and
**IF** security forces adhere to IHR standards and abide by child rights principles, and
**IF** children have improved access to a child-friendly justice system,

**THEN** there will be strengthened quality and coverage of preventive and responsive child protection (social welfare and justice) services in place.

**IF** children have improved access to a child-friendly justice system, given that arrests and detention can affect the mental health of children and families and increase levels of violence, and
**IF** Security forces adhere to IHR standards and abide by child rights principles, given that violations contribute towards normalizing violence, and
IF Parent, caregivers and teachers have non-violence skills and knowledge, and
IF children and adolescents have better conflict resolution skills, and
IF communities provide supportive environments for non-violence, and
IF children and families demand their protection rights and seek protection and support,

THEN parents, caregivers, teachers and children practice non-violent behaviours.

If all of these conditions are achieved, then **By 2022, more children, especially the most vulnerable, will be better protected from violence, exploitation and grave violations.**

Please see figure 1 for a visual representation of the Theory of Change.

### Assumptions and Risks

There are two major **assumptions** which underpin the Theory of Change:
1. The achievement of the Theory of Change assumes that governments are willing and committed to achieve better child protection outcomes, based on generated evidence, which builds upon the strengths of positive social norms, and community care practices. It also assumes there is willingness, commitment and cooperation of statutory partners including MoSD, MoEHE, Mol and MOJ to improve the national Child Protection and justice systems. It is assumed that duty-bears will build upon existing systems rather than basing protection responses on external models of protection, which may not be culturally appropriate or sensitive. To harmonise the approach on child protection the programme assumes there is willingness in Gaza and the West Bank to communicate and share experiences.
2. The generated evidence, especially on the situation of children in armed conflict, is scientifically robust and permitted for private and public advocacy, and programmatic interventions, as well as for fundraising purposes. It is assumed that duty-bears will engage to address the gaps identified. The ToC also assumes the ongoing commitment of members of the Working Group on Grave Violations and lead agencies to continue to provide confidential information on grave violations. While UNICEF will support the mobilization of community level actors on the prevention of violence, it is assumed that there is willingness among local officials, teachers, parents and adolescents to acquire more knowledge and information to better protect their children and themselves from violence.

**Four risks** have been identified which would block the change pathway from occurring in the event of their happening. In line with the risk management approach, each of these have been identified as major, in that they have both a high level of likelihood and have a high level of impact.

1. Governments are unable to create sufficient and sustained fiscal space within their budgets, and to allocate sufficient staff especially at governorate level to support the long-term vision of developing child protection systems, and introducing changes in knowledge and skills of parents, teachers and adolescents.
2. The administrative divide between Gaza and the West Bank have resulted in disrupted humanitarian service provision in Gaza, placing children and families under considerable stress and compromising service providers’ abilities to detect and refer vulnerable children and their families.
3. Due to the sensitivities around violence, there is a significant risk that children and social services will be reluctant or unwilling to report violence or abuse, and to use available services or demand better quality services.
4. Due to political sensitivities around the Children and Armed Conflict agenda, organisational self-censoring takes place and there is a constrained ability to share information for public or programming purposes. This undermines the functioning of the Working Group on Grave Violations, evidence base for dialogue with parties to the conflict, and ability to generate resources to address identified gaps.
Figure 1. Theory of Change for Child Protection

**Assumptions**
- Commitment of relevant agencies to provide confidential information on grave violations
- CAAC data is operationally robust
- Government commitment to implement laws, policies and strategies

**Risks:**
- Governments unable to create sufficient fiscal space and allocate sufficient staff
- Administrative divide between Gaza and WB disrupts humanitarian service provision in Gaza
- Political considerations prevent children and social services from reporting violence/abuse and using services

**Desired State:** By 2022, more children, especially the most vulnerable, are better protected from violence, exploitation and grave violations

**Governments have developed and enacted strengthened child rights-based legal and policy frameworks and procedures**

**More children in need of protection are detected early and access quality coordinated social welfare services**

**Stronger and more robust evidence is available on the impact of grave violations, and timely reporting and sharing of data takes place**

**Children and families have improved awareness of their rights under law**

**Children and families have improved awareness of their rights under law**

**Key actors in government and civil society are sensitised on the rights of the child and national human rights treaty obligations.**

**Demand for the establishment and availability of services for children in need of protection**
3.4 UNICEF’S Strategic Programme Framework

Programme focus and strategic approach

The Child Protection Programme aims to ensure that by 2022, more children in Palestine are better protected from violence, exploitation and grave violations of their rights. Recognising the inequities within society, and disparities of opportunity within the State of Palestine, the strategy will maintain a particular focus on children who are most vulnerable.

UNICEF is the principal international agency focused on child protection in the State of Palestine, and will continue to advocate and agree with national government on the scope of its assistance to ensure that interventions offered are evidence-based, result in change, and are sustainable. From the outset UNICEF will engage in partnership with duty-bearers to address child rights deprivations, supporting government to build capacities or resources to manage and implement, and commits to fundraise and allocate the resources required to sustain the interventions in the longer term.

The UNICEF Child Protection Programme component in 2018-2022 will aim to further systematize and accelerate the approach commenced in the current programme in the development of a more comprehensive child protection system, with three major interlinked strategic elements: child-friendly justice system; child-focused social welfare system; and family and community strengthening, supported by an enabling legal and policy framework.

Embedded throughout these three pillars of the system will be a focus on prevention and response to violence and abuse against children, which will serve as a concrete entry point for system-strengthening effort. This seeks to address the full spectrum of risk factors and deprivations in the lives of children and their families. In the State of Palestine, UNICEF will promote strengthening of all components of the child protection system, including human resources, finances, laws, standards, governance and accountability system, monitoring and services. An informed understanding of social norms which result in violence and exploitation will also be supported to promote positive norms that bring about an end to harmful practices. In terms of child labour and child marriage UNICEF expects agencies such as ILO, UNFPA and UN Women to lead, with UNICEF providing technical support to ensure there is a focus on children.

Programme Implementation Strategies

In order to achieve the planned results of the programme, UNICEF will apply a set of prioritised intervention strategies in support of and in collaboration with the Palestinian authorities and a broad range of development and civil society partners.

- Strong capacity to gather adequate data for monitoring and analysis is necessary to build a clear evidence base for child-centred, equitable planning and resource allocation, and to ensure programmes and services are having an impact on the ground. Therefore, UNICEF will prioritise strengthening the generation of both qualitative and quantitative data and evidence disaggregated by sex and age on a range of issues.

- UNICEF will engage in policy dialogue and advocacy with the Palestinian authorities and the Israeli government, informed by a more robust evidence-base, aiming to strengthen their commitment to
invest in comprehensive child protection systems and to adhere to international human rights standards.

- At the core of the UNICEF’s programme is a focus on **strengthening institutional capacity** within government institutions responsible for the planning, management and delivery of child protection services. This includes government officials responsible for the establishment of a formal child protection system that encapsulates laws, policies, coordination mechanisms and budgets, across a range of sectors; staff working in the social welfare and justice sectors who work directly with families and children, especially those most at risk; as well as civil society, faith-based organisations, and NGOs who directly provide welfare, psychosocial, legal and other support services for children.

- The development of effective and sustainable child protection systems relies on shifts in the way society views and treats children. Through use of a comprehensive **communication for development** approach (C4D) UNICEF will collaborate with partners to ensure positive change in social attitudes and practices that harm girls and boys, especially where these render particular groups of children more vulnerable (such as those with disabilities, girls and children from lower socio-economic backgrounds). The development and implementation of a C4D strategy by UNICEF, in collaboration with other sectors, will equip a wide range of duty-bearers (including parents, teachers, families, communities, social welfare and justice sector officials) with information and tools to reframe the adult-child relationship and reduce engrained harmful attitudes and behaviours.

- In order to address the underlying causes of child protection violations and to build comprehensive systems to protect children, UNICEF will continue to use its convening power to harness the commitment of other sectors and promote **intersectoral collaboration** to create a protective framework that is capable of preventing and responding to violence, exploitation and grave violations. In advocating for child protection systems, UNICEF will demonstrate the essential linkages with ministries and departments mandated for social protection, poverty alleviation, education, health, culture, women and girls, amongst others.

**Results Framework**

The Outcome of the Child Protection Programme is to ensure that:

**By 2022, more children, especially the most vulnerable, are better protected from violence, exploitation and grave violations.**

Three Outputs will contribute towards the achievement of the Outcome:

- **Output 1**: Strengthened child protection legal, policy and regulatory frameworks.
- **Output 2**: Government and other service providers within the social and justice sectors have enhanced capacity to deliver quality and gender-sensitive child prevention and response services.
- **Output 3**: More parents, teachers and adolescents have increased knowledge and skills to eliminate harmful practices and better protect children (aged 0–18) from violence, exploitation and grave violations.

The Programme’s Results Structure is visually presented in Figure 2.
Figure 2. Results Structure for Child Protection

Output 1. Strengthened child protection legal, policy and regulatory frameworks
- Interventions: Provide technical and financial support for the development and implementation of national policies, legislation, management and coordination mechanisms that promote and harmonize approaches to child protection across sectors.
  - Partner with Universities both in the WB and Gaza to introduce a child protection focus in social work curriculum.
  - Conduct an HR capacity gap analysis in MOSS and introduce child sensitive budgeting.
  - Develop national guidelines on alternatives to detention, rehabilitation and reintegration services, and advocate for coordinated quality legal aid provision.
  - Strengthen cluster coordination solidifying partnership with partners.
  - Generate evidence for advocacy and programming purposes around CAAC.
  - Strengthen data collection and verification process of the Working Group on Grave Violations database, and finalize of inputs into reports.

Output 2. Government and other service providers within the social and justice sectors have enhanced capacity to deliver quality and gender-sensitive child prevention and response services
- Interventions: Increase the capacity of child protection counselors and the institutions to strengthen CP systems at national and community level.
  - Strengthen early detection and referral of vulnerable children and case management systems.
  - Strengthen government and GSO technical oversight and implementation capacities to ensure child friendly access to statutory justice services.
  - Define standards and provide appropriate and child-friendly alternatives to detention, rehabilitation and reintegration services, and advocate for coordinated quality legal aid provision.
  - Capacity building of specialized professionals to develop quality standards’ definition to improve responsiveness of formal protection and justice systems.
  - Strengthen linkages between formal and informal systems for identification, support and monitoring of vulnerable children.
  - Oversee and support implementation of EU action plan for children in contact with ISF.
  - Rolling out Referral protocols and SOPs for case management of GBV and CP.
  - Technically support and implement CP mapping action plan.

Output 3. More parents, teachers and adolescents have increased knowledge and skills to eliminate harmful practices and better protect children (aged 0-18) from violence, exploitation and grave violations
- Cross-sectoral linkages will also be made between CP and Education.

Interventions: Developing and implementing new approaches to reach families and communities with information and messages to become agents of change that prevent violence and abuse, including corporal punishment at home.
  - Continuing to advocate with Israeli and Palestinian authorities and international actors on the impact of grave violations on children.
  - Facilitating dialogue, generating evidence, and supporting communications campaigns to increase awareness of families and children on rights of children in detention and available services, and supporting the introduction of prevention interventions for children in vulnerable areas.
  - Generating evidence and engaging with communities to find common ground to change social norms around violence against children and other harmful practices.

Policy dialogue and evidence based advocacy / Capacity development / National ownership / Partnerships and coordination / Communication for Development (C4D)

Staff, financial resources (R/CR), technical assistance, consultants, materials, equipment
Output 1: Strengthened child protection legal, policy and regulatory frameworks.

This output addresses the gaps identified in these child protection systems, particularly the challenges that families and children face when seeking protection whether by child unfriendly processes, the lack of standards and poor accountability mechanisms. Moreover, the social welfare system suffers from inadequate budgeting and human resources, and the means to deliver quality protection services.

This component also responds to the recent change in legislation on the protection of children in conflict with the law, and builds the capacity of the justice and welfare sector in acquiring the needed skills and mechanisms for implementing new responsibilities in the areas of diversion, alternatives to detention, rehabilitation and reintegration of children who come in conflict with the law.

As an integral part of this process, UNICEF will facilitate dialogue between social and justice ministries and other allied sectors whose policies affect protection outcomes for children. In particular, UNICEF will facilitate processes to bring convergence and harmony between laws that directly address children’s welfare, protection and justice issues with laws pertaining to other sectors, especially social policy, education and health.

Grave violations against Palestinian children remains at high levels with new emerging practices such as administrative detention and the house arrest of children. The need for improved coordinated data collection is essential for monitoring trends, reporting on these violations and evidence based advocacy.

The key interventions that UNICEF and partners will undertake to achieve this output include:

- Provide technical and financial support for the development and implementation of national policies, legislation, management and coordination mechanisms that promote and harmonise approaches to child protection across sectors;
- Partner with Universities in the WB and Gaza to introduce a child protection focus in social work curriculum;
- Develop national guidelines on alternatives to detention, rehabilitation and reintegration with social welfare and justice actors;
- Strengthen cluster coordination solidifying partnership with partners;
- Generate evidence for advocacy and programming purposes around CAAC;
- Strengthen data collection and verification process of the Working Group on Grave Violations database, and provide inputs to annual Secretary General CAAC reports.

Output 2: Government and other service providers within the social and justice sectors have enhanced capacity to deliver quality and gender-sensitive child prevention and response services.

This output will ensure that duty bearers account for the diverse needs of children to equitably access to protection and justice services in line with international standards, including the Child Protection Minimum Standards in humanitarian action. The programme will include the most relevant stakeholders in their interventions and build on the strong partnerships with the government and NGOs, with continuous coordination in the available national fora, the clusters and interventions by sister UN agencies. Support in the development of the referral protocols and the SOPs for GBV and CP will take into perspective the needs of girls and boys and how they experience the system differently, with a particularly focus on providing specialised services.
The key interventions to achieve this output will include:

- Provide capacity building, training and mentoring support to child protection counsellors and the institutions to strengthen CP systems at national and community level, including the Child Protection Networks (CPNs) and family centres.
- Facilitate institutionalisation of early detection and referral of cases with duty bearers such as MoSD, MoEHE, MoH, Mol through capacity building of sector staff to detect, refer and link up to case management systems.
- Strengthen technical oversight and implementation capacities of MoSD, Mol, institutions and NGOs to ensure child friendly access to statutory justice services.
- Provide technical support to define standards and provide for appropriate and child-friendly alternatives to detention, rehabilitation and reintegration services and advocacy for the coordination and quality provision of legal aid.
- Provide technical support and capacity building for specialised professionals to develop quality standards’ definition to improve responsiveness of formal protection and justice systems and confidence of children and families to utilise services.
- Strengthen linkages between formal and informal systems for identification, support and monitoring of vulnerable children.
- Reinforce CSO capacities for programmatic response to grave violations including East Jerusalem action plan and provision of legal aid.
- Complement rolling out of draft referral protocols and SOPs for case management of Gender Based Violence and Child Protection, including: operationalizing the Child Protection Information Management System and the Designated Emergency Shelters; strengthening violence prevention skills for school counsellors and social workers; disseminating the Child Protection mapping and developing guidelines for alternative care.
- Strengthen emergency preparedness planning.

Output 3: More parents, teachers and adolescents have increased knowledge and skills to eliminate harmful practices and better protect children (aged 0-18) from violence, exploitation and grave violations.

This output reinforces the previous two outputs, as well as the outputs on Education and Adolescents, by tackling underlying norms and behaviours that contribute to deprivation, violence and exploitation, increasing awareness and skills for improved identification and referral, and stimulating demand for child protection services. In addition to working with parents, caregivers and teachers, UNICEF is well positioned to support engagement with adolescents in order to ensure that the next generation is equipped to understand and ensure that the harmful effects of physical and sexual violence, especially gender-related, are not perpetuated. Such capacity building will provide adolescents with information, life skills and positive role models, thereby enabling them to adapt their attitudes and behaviour in the future.

Child Protection, Education & Adolescents, Health, and Communication components of the programme will work together with partners to deliver the following interventions:

- Developing and implementing new approaches to reach families and communities with information and messages to become agents of change that prevent violence and abuse, including corporal punishment at home.
• Continuing to advocate with Israeli and Palestinian authorities and international actors on the impact of grave violations on children.
• Facilitating dialogue, generating evidence, and supporting communications campaigns to increase awareness of families and children on rights of children in detention and available services, and supporting the introduction of prevention interventions for children in vulnerable areas.
• Generating evidence and engaging with communities to find common ground to change social norms around violence against children and other harmful practices.

The Child Protection section will work closely with the education/adolescents, health and C4D programmes to support early detection of violence by teachers, school counsellors and health staff, and to reduce corporal punishment in schools.

Creative communication techniques, from the development of relevant and appropriate messages to effective communication interventions, particularly communication for development, shall be applied to impart knowledge to families. The programme will use social and digital media to reach families and communities to promote and influence attitudes, practices and behaviours on positive discipline, while encouraging engagement of children and adolescents to have a ‘voice’ on violence, exploitation and grave violations. Parents, caregivers, and community members will be supported to develop the skills to practice positive discipline and use non-violent approaches.

UNICEF will work and coordinate with lead sister agencies on child marriage (UNFPA and UN Women) and child labour (ILO) to address the high rates of marriage among adolescents and the increasing economic exploitation of children in a number of geographic areas namely Gaza and the Hebron governorate.

UNICEF will closely cooperate with the major child protection providers including: MoSD, MoEHE, MoH, MoI and other child protection stakeholders at the community level. The achievement of this outcome will depend on UNICEF’s support in planning and capacity development to implement quality integrated programmes for all. The responsibility for the integrated nature of child protection and its implementation will be shared jointly across sectors and ministries, and its success will depend on clear roles and responsibilities, and coordinated action. UNICEF is strategically well positioned to ensure that children’s access to protection and justice services is led by government service providers in conjunction with support from development and humanitarian actors. UNICEF can facilitate and convene cross sectoral processes as one of the main actors in child protection in the SoP and an observing member of the national juvenile justice committee.

Measurement Framework

<table>
<thead>
<tr>
<th>Sustainable Development Goals:</th>
<th>16.1 Significantly reduce all forms of violence and related death rates everywhere; 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children; 5.2 Eliminate all forms of violence against all women and girls; 5.3 Eliminate all harmful practices; 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Strategic Plan 2018-2022:</td>
<td>Goal 3: Every child is protected from violence and exploitation; Goal 2: Every Child Learns; Goal 4: Equity – Every child has a fair chance in life; Goal 5: Every child lives in a safe and clean environment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>MoV</th>
</tr>
</thead>
</table>

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### Outcome: By 2022, more children, especially the most vulnerable, are better protected from violence, exploitation and grave violations.

<table>
<thead>
<tr>
<th>Percentage of basic and secondary students exposed to violence in schools</th>
<th>Basic (age 6-15): 70.4% (2015) (M 79.5%-F 62.7%)</th>
<th>Basic (age 6-15): 54% (M 61%-F 46%)</th>
<th>MOEHE Annual Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secondary (age 16-17): 75.4% (2015) (M 80.7%-F 71.2%)</td>
<td>Secondary (age 16-17): 60% (M 61%-F 59%)</td>
<td></td>
</tr>
</tbody>
</table>

| Continued existence of mechanisms to monitor and report on grave violations against children | Yes | Yes | Working group minutes from the Working Group on Grave Violations |

| Percentage of children (1-14 years) who experienced violent disciplining at home in the past month | 92% (2014) (M 92.8-F 91.6) | 80% (M 81%, F 79%) | MICS |

### Output 1: Strengthened child protection legal, policy and regulatory frameworks

**Key Partners:** MOSD, MOJ, HJC, AGO, NGO partners, and UN agencies (UNDP, UNFPA and UN Women)

<table>
<thead>
<tr>
<th>Number of recommendations implemented from the Child Protection system mapping Action Plan</th>
<th>0 out of 67</th>
<th>33 out of 67</th>
<th>Activity information - results tracked against action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued existence of sub-cluster mechanism for child protection in humanitarian action</td>
<td>Yes</td>
<td>Yes</td>
<td>Minutes from Working Groups</td>
</tr>
</tbody>
</table>

### Output 2: Government and other service providers within the social and justice sectors have enhanced capacity to deliver quality and gender-sensitive child prevention and response services

**Key Partners:** MOSD, MOJ, MOI, HJC, AGO, NGO and UN agencies (UN Women, UNDP, and UNFPA)

<table>
<thead>
<tr>
<th>Number of children diverted or sentenced who enter a pre/post sentence diversion scheme</th>
<th>11</th>
<th>50 per annum</th>
<th>Data reports from programme partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children benefiting from community-based child protection and psychosocial services, including in response to gender-based violence</td>
<td>(M 25,849/ F 24,622)</td>
<td>(M 28,434/ F 27,085)</td>
<td>Humanitarian Planning matrix (HPM) table</td>
</tr>
<tr>
<td>Number of social workers active in child protection</td>
<td>10 Gaza, 28 WB</td>
<td>20 Gaza, 40 WB</td>
<td>Programme reports from partners</td>
</tr>
</tbody>
</table>

### Output 3: More parents, teachers and adolescents have increased knowledge and skills to eliminate harmful practices and better protect children (aged 0-18) from violence, exploitation and grave violations

**Key Partners:** MOSD, MOEHE and NGO partners.

<table>
<thead>
<tr>
<th>Number of parents, teachers and adolescents reached with violence reduction activities (CP and education to share indicator)</th>
<th>Parents: 42544; Teachers: 1653, adolescents: 45,210</th>
<th>Parents: 180,220/ Teachers: 5,000 and adolescents 151,048</th>
<th>HPM table, and partner programme reports</th>
</tr>
</thead>
</table>
Evidence of child protection violations across the State of Palestine varies in quality with a robust lead agency verification process in place to capture information of children in armed conflict, to somewhat weak and ad hoc systems in place around the justice and social welfare sector. Humanitarian response indicators are consistently measured through UNICEF led monitoring systems, with weak institutional systems in place to capture case management results. Given that UNICEF is responsible for reporting on the indicators in the results framework, the number and complexity of the indicators have been factored in.

Where possible the indicators are derived from the Results Assessment Module (RAM) standard outcome/output indicators, facilitating global measurement of progress. Others are drawn from draft global indicators for measuring the implementation of the SDGs and for ending violence against children. Many of the surveys from which baseline data has been drawn are not longitudinal and UNICEF cannot depend upon these for its monitoring process. Therefore, UNICEF will work with its government counterparts and programme staff to monitor and review the progress made in monthly, quarterly and half-year reports. This will make it easier to assess attribution to the progress and enable UNICEF to re-focus priorities in its work-plan.

Due to the protracted protection crisis in the State of Palestine, with humanitarian consequences, UNICEF uses a flexible monitoring approach consistent with Humanitarian Performance Monitoring (HPM). The selection of indicators are frequently reported against within the HPM table, and are aligned to the Humanitarian Response Plan, which are frequently reported against. The indicators are adaptable to the context and have shifted to low frequency programme results consistent with development programming and efforts are made to measure indicators through longer term development tools, including the Multiple Cluster Indicator Survey.

UNICEF will enhance the capacity of authorities to develop and sustain appropriate monitoring mechanisms. For example, UNICEF’s research agenda will fill gaps in data on targeted issues, while promoting study methodologies that allow for achievable and regular review and monitoring of the situation. Such methods will enable governments to measure progress and the impact of their programmes in a planned and regular way. Similarly, as child protection systems begin to function more effectively, UNICEF will support social welfare workers and justice officials to accurately capture and measure child protection violations and their associated causes in user-friendly, comprehensive and interconnected local and national level databases. UNICEF’s contribution will enable governments to keep improved data on, for example, case management support to children, number of children referred to government services, and number of children diverted from the formal justice system.

### 3.6 Resource requirements

Resource requirements for the Child Protection outcome are detailed in the table below. UNICEF’s child protection programming in the State of Palestine has relied on humanitarian funding including from Japan, Belgium and DFID. UNICEF has submitted multiple proposals resulting in three year funding in the area of access to justice for children through a donor consortium (Sawasiya II), and a commitment for three years funding from the Swiss Development Cooperation for conflict related violence prevention and response programmes in East Jerusalem. UNICEF will diversify funds, seeking issues specific funding as a pathfinder country as part of the Global Partnership to End Violence against Children.
The programme is also supported by the Programme Effectiveness outcome, which ensures (amongst other things) effective programme coordination and partnerships, communication for development, advocacy and improving monitoring, reporting and evaluation.

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4 Health and Nutrition Programme Strategy

4.1 Introduction

This Strategy Note presents the rationale, programme focus and strategic approach for the Health and Nutrition Programme of the Country Programme of Cooperation (2018-2022) between UNICEF and the State of Palestine. The priorities outlined will contribute to the UNDAF and Goal 4 of the UNICEF Strategic Plan 2018-2021, and ultimately, towards the Sustainable Development Goals 2,3,4,5,8,10 and 16. This Strategy Note is aligned with other UNICEF programme outcomes, which together make up the Country Programme.

The overall purpose of UNICEF State of Palestine’s Health and Nutrition programming is to ensure that more vulnerable children and mothers have access to a quality comprehensive health and nutritional system and are better able to survive and reach their optimal development. Ultimately, by accessing a quality comprehensive health and nutritional system, the prevalence of mothers and children with malnutrition and non-communicable diseases, chronic diseases and developmental delays and disabilities will be reduced. All Palestinian mothers including adolescent girls and children will be better able to survive from preventable causes, will have improved health outcomes, and will reach their full potential in health and well-being, which will improve the development of the nation.

4.2 Situation analysis and prioritisation

The programme component takes as its starting point a number of indicators that reveal the vulnerabilities of children and mothers exposed to causes which undermine their health, nutrition and development within the context of a protracted humanitarian situation:

- According to the 2014 Palestinian Multiple Indicator Survey (MICS), under-five mortality has dropped from 42 deaths per 1,000 live births between 1990-1994 to 22 between 2010-2014 (23 for males and 21 for females). Nevertheless, this falls short of the MDG target for 2015 of 18 deaths per 1,000 live births, and the rapid decline in mortality achieved during the 1990s has slowed. There is also a concerning rise in child mortality (1 to 4 years). There are notable variations in early childhood mortality rates within the State of Palestine. Under-five mortality rates are higher in the Gaza Strip (24 deaths per 1,000 live births) than the West Bank (20 per 1,000). Birth spacing is also correlated with under-five mortality rates; the highest survival rates are among children born within 2-3 years of a previous birth, while children born less than two years since the last birth have the lowest survival rates.

- The majority of child deaths occur during the first year of life, and particularly in the first 28 days (the neonatal period), which account for 61 per cent of deaths in the first year. The neonatal mortality rate is 11 deaths per 1,000 live births and the postnatal mortality (1-11 months) rate is 7 per 1,000. Based on Ministry of Health data, the leading cause of death of children under 1 year of age is pneumonia and other respiratory disorders (17 per cent), followed by congenital malformations (12

37 PCBS, (2012). The National Strategy to Achieve the MDGs by 2015, Palestine
For children aged 1 to 4 years old, congenital malformations are the leading cause of death (26 per cent). It is worth noting that under-reporting of infant and neo-natal deaths is likely; a survey by UNRWA on infant mortality in the Gaza Strip found that 35 per cent of infant deaths and 45 per cent of newborn deaths were not registered. The adolescent birth rate (women age 15-19 years) in Palestine is 48 births per 1000 women, with 35 births per 1000 women in the West Bank compared to 66 births per 1000 women in Gaza Strip. A significant majority of Palestinian women do access antenatal care (96 per cent in 2014). All births are attended by a skilled health worker and 91 per cent of mothers receive a postnatal health check. However, the quality of care is a pressing concern, with infrastructure, equipment and human resources all under severe strain to meet the needs of the growing population. The percentage of deliveries carried out by caesarean section has increased from 17 per cent of births in 2010 to 20 per cent in 2014, above the internationally accepted threshold of 15 per cent. The Ministry of Health Annual Report for 2015 indicated an even higher caesarean section rate of 23 per cent.

The immunization coverage remains high in the State of Palestine; nine in ten children had all the recommended vaccinations by their second birthday, according to the MICS, 2014. MOH data for 2016 showed coverage rates of between 90 and 102 per cent for all recommended vaccines. However, improvement of the multi-year planning, budgeting and forecasting for vaccines, cold chain equipment and capacity building should further be strengthened in order to sustain good coverage rate.

There have been encouraging improvements in key nutritional indicators for children in recent years, with declining levels of wasting, stunting and underweight. Conversely, changing lifestyles and diets are contributing to rising levels of children who are overweight. 8.2 per cent of children under five are overweight, compared to 5.3 per cent in 2010. The rate is noticeably higher in the West Bank (9.8 per cent compared to 6.5 per cent in the Gaza Strip) and for children living in rural areas (10.9 per cent, compared to 7.9 per cent in urban areas and 6.1 per cent in camps). Children from households in the top three quintiles are more likely to be overweight than those from the lowest two quintiles, while differences in relation to mother’s education are minimal.

According to the 2013 Micronutrient Survey, more than a quarter (26 per cent) of children aged between 6 and 59 months suffered from anemia (19 per cent mild and 7 per cent moderate). In addition, the Micronutrient Survey found that the majority of children between the age of one and two had low levels of vitamin D (69 per cent), vitamin A (72 per cent) and vitamin E (61 per cent). The vitamin D status is also low among female adolescents aged 15 to 18 years. According to the MICS 2014, the rate of exclusive breastfeeding of children under six months of age is 39 per cent (41 per cent West Bank; 36 per cent Gaza). With regards to weaning, only 45 per cent of children aged six to 23 months are being fed appropriately with a combination of breastfeeding and solid, semi-solid and soft foods. Three quarters are receiving the minimum recommended meal frequency and 62 per cent are receiving the minimum dietary diversity, but only 42 per cent are

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44 At least 4 visits or more
receiving a minimum acceptable diet of both sufficient diversity and frequency. This raises concerns
about the nutrient intake among children during a period that is critical for growth and development.

- Relatively high levels of bottle-feeding are also a concern, as this increases the risk of contamination
  from unsafe water, particularly given the severe shortages of clean drinking water in the Gaza Strip. 42
  per cent of children are fed with a bottle with a nipple - 48 per cent in the West Bank compared to 36
  per cent in the Gaza Strip. Rates are higher in rural areas (49 per cent) than in urban areas (41 per
  cent) and refugee camps (41 per cent). Women with higher levels of education and women from
  wealthier quintiles are more likely to bottle feed than those with lower education or from poorer
  quintiles. 52

- Children living with disabilities and their caregivers experience significant barriers in accessing basic
  services. With regard to healthcare, services for early diagnosis, prevention and support are limited,
  and generally of poor quality. Social stigma further compounds the vulnerability and marginalization
  experienced by children living with disabilities;

Causes of health and nutrition deprivations

Underlying these immediate challenges are a range of issues relating to capacity for service delivery,
limitations imposed by the occupation, and socio-cultural practices associated with increased risks to a
child’s health. Significant progress has been made in developing comprehensive child health and nutrition
systems across the State of Palestine, though there are some components which are not operating
optimally and require further consolidation. As a result, some of the factors that directly cause - or at
least contribute to – deprivations of children’s health and nutrition rights still remain. The primarily causal
factors include:

- Shortcomings in neonatal and postnatal care:

While it is encouraging that most pregnant women access prenatal, delivery and postnatal care, the
quality of care remains a pressing concern. Overcrowding means that mothers are often discharged early
from hospital after birth, reducing the window in which they can receive adequate care and in which
potential complications can be detected. Shortages of qualified midwives (2.2 per 10,000 in habitants in
2015)53 and insufficient quality training for midwives exacerbate the situation.54 Inadequate facilities,
equipment and training affect the quality of neo-natal care, and present particular challenges for the
management of respiratory conditions.

There are gaps in national policies for maternal and newborn care, including on home visits, early
detection of developmental delays and disabilities, and pre-conception support. A positive advancement is
the finalization of a National strategy on Early Childhood Development and Intervention. Plans are also
underway to develop an action plan and related services for families and children, particularly focusing on
children from 0 to age 3 years, children with disabilities and children in need of humanitarian support. The
Ministry of Health is also reforming primary health care by introducing a family medicine approach, which
uses family and community-oriented approaches in targeting services, including, among others, services
for reproductive health, mother and child health, school health, community health and health education.55

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Poverty and unemployment:

Poverty and wealth inequality have a significant impact on the health and wellbeing of children. Poverty and unemployment have driven more than a quarter of all households into food insecurity; an estimated one million people are in need of health and nutrition interventions; and 1.8 million people require some form of protection assistance (HRP, 2017). Unemployment at 25.9 per cent, is more than twice as high in Gaza (41 per cent) as in the West Bank (17.3 per cent) while youth unemployment in Gaza currently stands at 61 per cent compared to 28.7 per cent in the West Bank. The 2014 MICS survey shows significant overlaps between a mother’s low levels of education and/or wealth, and poorer health outcomes for her children. For example, children whose mothers have lower levels of education are less likely to be aware of care-seeking practices, and are more likely to have higher fertility rates and higher child marriage rates. Given the relatively high household contribution to health costs nationwide, where children are from poorer households there is often a struggle to afford these out-of-pocket costs.

Harmful social and cultural norms and behaviors:

A number of socio-cultural practices common in the State of Palestine are associated with increased maternal and neonatal health risks. For example, there is evidence indicating that children born from ‘consanguinity’ marriages (marriages of cousins and other extended family) are at higher risk of congenital and genetic disorders. According to the MICS 2010, three in ten marriages of ever-married women (15-29 years) had a first consanguinity linkage to their husbands. Child and early marriage are also associated with increased risks of complication to the mother and unborn child, given that the mother’s body is still growing and is not well equipped to manage the additional strains of pregnancy and birth. This is a particular concern in the Gaza Strip, where the adolescent birth rate (age 15 to 19 years) is 66 per 1,000 compared to 35 per 1,000 in the West Bank. Close birth spacing and large numbers of births, both of which are common, are also associated with increased risks.

Lack of accessible, quality, resourced health and nutrition systems for mothers and children:

Among the structural challenges facing the sector are weaknesses in overall coordination of policy development, implementation and accountability. These hinder efforts to strengthen the health system, and are magnified by the multiple actors working within the sector and the political divisions between the West Bank and the Gaza Strip. The State of Palestine National Health Strategy for Palestine 2017-2022, identified the need for more “effective and efficient institutional development and management of the healthcare system”, including increased consistency in implementation and enforcement of policies and regulations, improved coordination and training of human resources, stronger management of referrals and a greater emphasis on self-sufficiency.

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60 The total fertility rate in the West Bank is 3.7 births per woman and 4.1 births per woman in the Gaza Strip. Source: PCBS, UNICEF and UNFPA, (2015). Palestinian Multiple Indicator Cluster Survey 2014, Palestine
In terms of capacity to deliver quality services, the consistency of implementation and supervision is affected by the multiple actors involved in service provision, and the political and administrative schisms between the West Bank and the Gaza Strip. This weakens the continuum of quality care, including referral mechanisms for mothers requiring support with breastfeeding. There are also insufficient resources to provide adequate training, facilities and equipment to support breastfeeding, and to cover the costs of transportation for outreach services. In light of these challenges, UNICEF has supported the MoH and NGOs in the Gaza Strip and the West Bank to provide post-natal home visiting services and facility-based services for neonates, infants and mothers. The aim is to improve the quality of post-natal, mother and child health, nutrition and development services, focusing on the first few weeks after delivery.

Fragmented service delivery:

The political division between the West Bank and the Gaza Strip effectively results in two disparate health systems being run in parallel, a situation complicated by the multiple health care providers involved. The dislocation of people and labyrinth of geographical barriers resulting from the occupation further hinders provision of and access to services. Health care provision in the Gaza Strip, East Jerusalem, Area C and Seam Zones is particularly challenging, with a multitude of restrictions including on the importation of medical supplies, equipment and spare parts, and on the movement of patients, health staff and medical students. Security concerns in the West Bank and Gaza, as well as restrictive planning and zoning policies in the West Bank, further marginalize vulnerable communities by hindering development of health infrastructure. The ongoing challenges facing the health sector in the Gaza Strip have increased the need to refer patients for specialized medical treatment elsewhere. Such referrals involve high costs; in 2015 they were the second largest expense in the Ministry’s budget.

Prioritised concerns

The key concern that UNICEF and its partners will focus on in the 2018-2022 Country Programme is: “Mothers and children in the State of Palestine are not having their right to survive from preventable maternal, newborn and child deaths neither to reach their optimal development”. This focus is based on a number of considerations, including the analysis of the situation, UNICEF Palestine’s experience and lessons learnt from current programming, the criticality of the issues, the financial and human resource capacities and the unfinished business of the current country programme. UNICEF’s core commitments in humanitarian situations and the mandates and roles of other UN agencies and partners were also considered.

A range of issues have been identified as priorities in addressing this key challenge:

Strengthening the continuum of maternal to infant and young child care: Improvements during the neonatal and postnatal period can have a significant impact in reducing early child mortality and improving overall health outcomes for children. The launch and implementation of the cross-sectoral Early Childhood Development Strategy will be a significant advancement in the coming years, and should be followed by the development of an Early Childhood Development Action plan and the roll-out of related services. Particular priorities could include the development of training curricula, standards and child

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development assessment instruments, and the provision of equipment to enable quality early childhood development and intervention (ECI). There should be a clear focus on neonatal and postnatal care (including defining a comprehensive package of neonatal and postnatal health, nutrition and development services) including early detection and intervention for children with developmental delays and disabilities. Improvements in the quality of capacity for detecting and supporting high risk pregnancies should also be prioritised. Systems to provide outreach and targeted interventions such as home visits and the counselling services hotline should be further expanded, in order to reach the most marginalised families with young children and communities with integrated services for ECD and ECI.

**Strengthening coordination and management:** For greater coherence across the sector, and stronger cross-sectoral collaboration, there is need to improve coordination and harmonization of care providers. Health management information systems should be further developed to provide data to enable evidence-based planning, resource allocation and monitoring. Referral mechanisms will need to be enhanced, while simultaneously building local capacity for self-sufficiency. Linkages and referral mechanisms with other relevant sectors such as education, child protection and social protection should also be strengthened. To promote emergency preparedness, newborn care should be integrated into the national emergency plan, and related emergency supplies should pre-positioned.

**Raising awareness of health-seeking behaviours:** Capacity should be bolstered to deliver parenting education and community awareness programmes, with a particular focus on promoting health-care seeking practices and stimulating demand for ECD and ECI services. Campaigns will need to be holistic, targeting all caregivers including community leaders and adolescents. They will also need to address social and gender norms, including consanguinity and early marriage, raising awareness of the risks and providing links to relevant support services like genetic counselling and family planning.

### 4.3 Theory of change

The Theory of Change for the UNICEF priority deprivation in mothers and children health and nutrition describes the change pathway to move from the current manifestation of the deprivation, where **“Mothers and children in the State of Palestine are not having their right to survive from preventable maternal, newborn and child deaths neither to reach their optimal development”** to the desired state, where **“By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional system and are better able to survive and reach their optimal development”**

To achieve the desired state, two **critical preconditions** must be met:

- There will be Improved coverage of quality comprehensive health system, particularly for vulnerable children and mothers
- Parents and caregivers nurture their children’s healthy growth and development, apply good health, nutrition and hygiene practices and act to claim their right to quality services

The full Theory of Change pathway to achieve the scenario described above is:

**IF** the Governments have developed, enacted and implemented legislation, policy, and budget reforms that advance the rights to health and wellbeing of the mothers and children, and
IF Government coordinate with all relevant partners and communities, and implement effective and scalable interventions and innovations to reach most vulnerable children and mothers (CWD, NCDs, adolescent girls), and

IF health facilities management teams have strengthened capacity for health system planning, implementation and frequent monitoring of health service providers, and

IF sufficient quantity and quality of health, nutrition and development service providers are sensitive towards the needs of adolescent girls and children with disabilities (CwD),

THEN there will be improved coverage of quality comprehensive health systems, particularly for vulnerable children and mothers.

IF more vulnerable parents and caregivers are aware of, and use ECD and ECI services and support for CWD, and

IF facilities have strengthened capacity to deliver parent education facility and home based to most vulnerable mothers, newborns, and young children and adolescent girls, and

IF health facilities have strengthened capacities to provide comprehensive and standardized package of health, nutrition and development services for mothers, new-borns, young children, and

IF parents, caregivers and children have the knowledge, skills and confidence to practice positive parenting, good health, nutrition and WASH behaviours, and

IF communities provide a supportive environment for positive parenting practices and for families to demand quality services specially for CWD,

THEN parents and caregivers will better nurture their children and apply good health, nutrition and hygiene practices and act to claim their right to quality services

If all of these conditions are achieved, THEN the desired state will be reached where: By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and are better able to survive and reach their optimal development.
Figure 1. Theory of Change for Health & Nutrition
Assumptions and Risks

There are two major assumptions which underpin the Theory of Change:

1. That governments are willing and committed to achieve better health, nutrition and development outcomes of children and mothers, based on generated evidence, which builds upon the strengths of positive social norms, and community care practices. It also assumes there is willingness, commitment and cooperation of other partners including MoSD, MoEHE, Mol and MOJ to improve the national health and nutrition systems for mothers and children. It is assumed that duty-bearers will build upon existing systems using available resources and applying the evidence based interventions. To harmonise the approach on maternal and child health, nutrition and development, the programme assumes there is willingness in Gaza and the West Bank to communicate and share experiences.

2. While UNICEF will support the mobilization of community level actors to raise awareness of responsive parenting, nutrition, early stimulation and safe and protective home environment, it is assumed that there are adequate staffing levels to ensure that demands for services are met. Based on UNICEF’s past experience working with families and CWD in hard to reach areas, it is assumed that there is openness among parents and families to acquire more knowledge and information to better nurture their young children.

Four risks have been identified which would block the change pathway from occurring in the event of their happening. In line with the risk management approach, each of these have been identified as major, in that they have both a high level of likelihood and have a high level of impact.

1. Governments are unable to create sufficient and sustained fiscal space within their budgets, and to allocate sufficient staff especially at governorate level to support the long-term vision of developing health system sensitive towards the most vulnerable children with developmental delay and disabilities and adolescents pregnancies
2. Governments are not able to introduce changes in knowledge and skills of health service providers and other relevant professionals who are working with young children.
3. The administrative divide between Gaza and the West Bank have resulted in disrupted humanitarian service provision in Gaza, placing children and families under considerable stress.
4. Due to the myths and misconceptions around disabilities and developmental delays, children and families may be reluctant or unwilling to be engaged in community activities, and won’t demand for better quality services.

4.4 UNICEF’S Strategic Programme Framework

Programme focus and strategic approach

The Health and Nutrition Programme aims to ensure that by 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and are better able to survive and reach their optimal development.

UNICEF will articulate the focus of its work and where it aims to lead or to complement the programming of its partners, avoiding duplication of effort. Areas of focus will be selected based on UNICEF’s comparative advantages: a clear mandate and strong advocacy voice for the child’s right to health; ability
to leverage multi-sectoral action; and ability to bring deep field experience and evidence to the policy table at national and community levels.

The UNICEF Health and Nutrition programme component in 2018-2022 will aim to further systematize and accelerate the approach commenced in the current programme in the development of a more comprehensive health and nutrition system, with three major interlinked pillars: addressing inequities in health, nutrition and development outcomes of children and mothers, strengthening health systems including humanitarian response and resilience, and promoting integrated, multisectoral Early Childhood Development and Interventions policies and programmes.

Embedded throughout these three pillars of the system will be a focus on healthy child development and early detection of children with developmental delays and disabilities and intervention which will serve as an entry point for health system-strengthening effort.

This approach will tackle the need for intensified efforts in addressing growing inequities in health and development outcomes of Palestinian children, including a particular focus on addressing gender-specific needs and barriers that may determine whether boys and girls are able to reach their full potential in health and development.

Programme Implementation Strategies

In order to achieve the planned results of the programme, UNICEF will apply a set of prioritized intervention strategies in support of and in collaboration with the Palestinian authorities and a broad range of development and civil society partners.

1. UNICEF will **strengthen institutional capacity** within government institutions responsible for the planning, management and delivery of health, nutrition and development services for children and mothers specially focusing on most vulnerable. This includes government officials responsible for the establishment of formal health system that includes laws, policies, coordination mechanisms and budgets, across a range of sectors; staff working in the health, social welfare and education who work directly with families and young children, especially those most at risk; as well as civil society, faith based organizations, and NGOs who directly provide facility and home based services and support for families with children with developmental delays and disabilities, high risk pregnancies including adolescent girls. Drawing upon field experience in strengthening service delivery and empowering communities, UNICEF will recommend cost-effective and scalable models of interventions and innovations applicable to Palestinian context and affordable to the country governments.

2. UNICEF will work to build the capacity of local **community** actors in selected districts to ensure the applicability and sustainability of health programming.

UNICEF will facilitate community participation in selected districts and the development of community action plans for the establishment of **child friendly community**. Communities in the selected districts will be engaged in the monitoring of Child Friendly Action Plan implementation and service delivery. This will be achieved by strengthening the capacity and amplifying the voices of community leaders, civil society organizations (CSOs), faith organizations, and marginalized groups (e.g., refugees, migrants, urban poor, the disabled). UNICEF will enhance and expand the
use of technologies (e.g., mobile phones, internet platforms) to allow for community members to
directly monitor, provide feedback, and hold service providers to account for the provision and
quality of healthcare services, particularly focusing on reaching hard to reach families with young
children.

UNICEF will support programme implementation in selected districts at community level for the
most vulnerable families in Gaza, such as high risk pregnancies and adolescent girls, who face
particularly harsh conditions because they do not have access to quality health care services. In
order to fulfil its core commitments to children’s rights and to promote equity, UNICEF will
support government and implementing agencies to deliver targeted interventions and services
through community health workers reaching the most vulnerable mothers and children including
high risk pregnancies and adolescent girls. UNICEF support will aim to include efforts to build
sustainable health systems with a focus on resilience.

UNICEF will support national programmes to enhance equitable access to quality care and life-
saving interventions and commodities for pregnant and lactating women, newborns, children, and
adolescents, particularly the most marginalised. UNICEF will also work to strengthen the resilience
of supply chain systems especially focusing in Gaza.

UNICEF will also use its communication for development (C4D) capabilities to promote social and
behavior change, generate demand, and strengthen accountability. UNICEF will work with local
civil society organizations, governments, and other local influencers to change social norms that
have implications for health, nutrition and development (e.g., early stimulation, positive and
responsive parenting, safe and protective home environment, household and community hygiene
practices, early detection of delays and disabilities). Through use of a comprehensive
communication for development approach (C4D) and community dialogue, UNICEF will
collaborate with partners to ensure positive change in social attitudes and practices that harm
girls and boys, especially where these render particular groups of children (such as those with
disabilities, girls and children from lower socio-economic backgrounds) more vulnerable. The
implementation of a C4D strategy by UNICEF, in collaboration with other sectors, will equip a wide
range of duty-bearers (including parents, teachers, families, communities) with information and
tools to reduce the stigma, rumors and misinformation around disabilities.

3. UNICEF will prioritise strengthening the generation of both qualitative and quantitative data and
evidence disaggregated by sex and age on a range of issues. UNICEF will gather and disseminate
lessons learned and serve as a “connector” between country governments to promote direct
exchange of information and experiences between countries regarding programmes.

4. UNICEF will use the existing evidence-base to advocate for investment in solutions meant to solve
the health challenges facing pregnant and lactating women, children and adolescent girls. UNICEF
will engage in policy dialogue and advocacy with Palestinian authorities, and will work on
influencing government policy through supporting evidence based policy-making and financing;
promoting the scale-up of effective interventions and innovations such as ECD and ECI services,
and sharing knowledge. UNICEF will work with Ministries of Health and other relevant actors (local
non-governmental organisations (NGOs), other UN agencies, and universities, etc.) to better
leverage domestic resources and to translate global agendas and frameworks (e.g., ECD and ECI,
Young Child Wellbeing, the Every Newborn Action Plan, the Sendai Framework for Disaster Risk Reduction) into financed and sustainable national-level plans.

Results Framework

The Outcome of the Health and Nutrition Programme is to ensure that: **By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional system and better able to survive and reach their optimal development.**

Three Outputs will contribute towards the achievement of the Outcome:

- **Output 1**: MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies
- **Output 2**: Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development and services
- **Output 3**: Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH and development, and are more engaged in demanding ECD and ECI services for CWD

The Programme’s Results Structure is visually presented in figure 2.
Figure 2. Health and Nutrition Results Structure

By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and are able to survive and reach their optimal development.

Major activities:
- Provide technical and financial assistance, development, coordination, & implementation of national policies, legislation, management, and coordination mechanism which promote harmonized approaches to comprehensive maternal and child health and nutritional systems at all levels (national, district, community)
- Advocate to mobilise commitment & increase budget allocations/investment (national, district, community)
- Partner with Universities in both WB and Gaza to introduce Young Child Wellbeing and ECI in education curricula
- Support coordination of national/subnational ECD and Nutrition committees to implement strategy action plans for mothers and young children focusing on CWD, adolescents girls, NCDs
- Support multi-year planning & budgeting (immunization, ECD)
- Generate evidence for advocacy and programming purposes around ECI, develop mechanisms for policy and law enforcement

Output 1. Ministries and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies

Output 2. Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development services

Output 3. Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH, and development, and are more engaged in demanding for ECD and ECI services for CWD

Cross-sectoral linkages will also be made between H&N and WASH

Major activities:
- Strengthening training curricula, guides, instruments, and pre-service and in-service training for relevant service providers building competencies of professionals working with young children and mothers from selected districts and humanitarian settings in delivering holistic and standardized package of interventions to young people, especially the most vulnerable and CWD, adolescents girls
- Increase the capacity of community workers to deliver quality home visiting services to high risk pregnancies, new-borns and young children
- Strengthen early detection of CWD and intervention services for young children
- Strengthening government and CSOs technical implementation capacities to ensure quality neonatal, maternal and baby friendly hospitals Define standards for Neo-BPH, ECD and ECI services in hospitals and PHC, and advocate for coordinated quality legal aid provision. Capacity building of specialist professionals to deliver services to CWD, adolescents girls

Major activities:
- Strengthen involvement of parents, families, civil society, faith-based organizations, and NGOs who directly provide services and support for children with developmental delays and disabilities. Engage them in planning, programming, monitoring of service delivery and holding service providers accountable for the provision and quality of healthcare services. Build the capacity of local community actors to ensure the applicability and sustainability of health programming. Support local authorities from selected districts and multi-sectoral commissions at community accountability mechanisms
- Use communication for development (CFD) to promote social and behavior change generate demand on nutrition, responsive parenting, early stimulation, WASH, and strengthen accountability. Facilitate community participation and development of community action plan for establishment of child friendly community.

Selected Interventions

Strategies

Inputs

Outputs

Outcome

Evidence generation, policy dialogue and advocacy / Capacity development of service providers and community (C4D) / Innovation, using the social media and new information technology / Service delivery / Partnership, inter-sectoral work

Staff, financial resources (HR/UR), technical assistance, consultants, materials, equipment, vehicles
Output 1: MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies

This output responds to gaps in the development, coordination and enforcement of national policies for maternal and newborn care, including on home visits, early detection of developmental delays and disabilities, and pre-conception support. UNICEF’s support will build on important advancements in recent years, including the implementation of the National strategy on Early Childhood Development and Interventions, and the plans to develop an action plan and services for families and children. The programme will focus on children from 0 to age 3 years, children with disabilities and children in need of humanitarian support. The Ministry of Health is also reforming primary health care by introducing a family medicine approach, which uses family and community-oriented interventions in targeting services, including, among others, services for reproductive health, mother and child health, school health, community health and health education.\(^{64}\)

UNICEF will contribute to desired outcome through a range of strategic interventions, including:

- **Technical assistance to the MoH to coordinate and lead the revision and implementation of policies and strategies** related to the implementation of mothers and young children health, nutrition and development programmes. (e.g. National Strategy for Early Childhood Development (ECD) and Early Childhood Interventions (ECI) 2017-2022, Immunization, national Early New-born Action Plan, (ENAP) 2017-2022.

- **Advocacy with donors, government and high-level policy makers to mobilise their commitment and increase budget allocations and investment** for programmes that support young children during the first 1000 days of life, based on the latest scientific evidence and guidance on benefits from investment in early years.

- **Coordinating among key players to support the government in advancing the multi-year planning and budgeting** for sustained provision of quality services for mothers and young children, including developing mechanisms for enforcement of policies and for monitoring the impact of strategies and programmes for mothers and young children (e.g. Immunization, nutrition). Mechanisms will be developed at all levels (national, district and community).

- **Supporting the coordination of existing national and subnational committees** (eg. Nutrition, ECD and ECI Committees, ENAP, Immunization) in the development and overseeing the implementation of strategy action plans for mothers and young children, including Monitoring and Evaluation (M&E) frameworks. In order to ensure a bottom-up approach in the decision-making process, the community will be mobilised and supported to establish commissions for the development and implementation of action plans for child friendly communities.

- In collaboration with the key policy decision makers and government officials, **advocating for a stronger M&E system within the MoH** to enable the government to use evidence-based planning, including to improve targeting of interventions for the most vulnerable young children and mothers and those in humanitarian settings. Data from existing and new surveys, studies and evaluations will be used to identify and inform key decision-makers of necessary changes in regulatory and institutional frameworks to address system gaps.

- **Developing and strengthening mechanisms for policy and law enforcement** through UNICEF technical assistance, advocacy and coordination with other relevant actors, including the Ministry of Trade and Ministry of Finance.

Output 2: Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development services

This output will ensure that duty bearers account for the diverse needs of mothers and children to equitably access to health, nutrition and development services in line with international standards, including the minimum standards in humanitarian action. The programme will include the most relevant stakeholders in their interventions and build on the strong partnerships with the government and NGOs, with continuous coordination in the available national fora, the clusters and interventions by sister UN agencies. Support in the development of the referral protocols and the SOPs for CWD will take into account the needs of families and girls and boys with developmental delays and disabilities and how they experience the system differently, with a particular focus on providing specialised ECI services.

While the inter-sectoral and holistic approach towards mothers and young child health, nutrition and development has already been incorporated into the National Strategy for ECD and ECI for 2017-2022 (including the ECD, ECI, Young Child Wellbeing, and home visiting services), UNICEF and partners will work on strengthening the institutional capacity of health facilities in a sustainable manner by:

- **Supporting the development and adoption of training curricula, guides and instruments.** It will also support the active involvement of academia and universities to ensure pre-service and in-service training for relevant service providers (e.g. YCW home visiting services, parent education for families with children aged 0 to 6 years, child development assessment scales and intervention guides). Training will target health services providers and other relevant professionals who are working with young children from selected districts of the West Bank and Gaza. The MoH and other providers working with neonatal, postnatal and young children health care will be supported to roll out a training curricula and protocols on the Neonatal-Baby Friendly Hospital initiative, postnatal health care provided to targeted mothers within two days of childbirths, and Young Child Wellbeing Home Visiting Services.

- **Supporting health professionals in relevant facilities to deliver holistic child development and a standardized package of interventions to young children using a multidisciplinary approach.** This will be done in collaboration between health, education and social protection sectors. Official oversight mechanisms will be established that reinforce supervision. UNICEF will support the MoH and other partners in developing an Institutional Capacity Development Plan on ECI, which will cover relevant facilities from the three sectors working with young children and families in selected districts, and will include strengthening M&E, mentoring and supervision.

- **Supporting the harmonization of the package of inclusive services across institutions of selected districts and humanitarian settings, including both facility and home-based interventions.** The package will include postnatal home visiting services targeting high risk mothers, neonates and infants. The efficient allocation of adequate resources for these services will be supported by evidence-based planning and budgeting.

- **In collaboration with the Education programme, providing technical support to ensure the implementation of a National IECD and ECI Strategy and provision of ECD and ECI services and inclusive education.** (Adapting the nursing and medical college curriculum to match the ECD/ECI strategy).

- **Building institutional capacity of nursery facilities** (early childhood social protection), which will be jointly undertaken by Health and Nutrition, Child Protection and Education programmes. Moreover, the Health and Nutrition programme will focus on building and strengthening the
technical capacity of multi-disciplinary teams at district level, as this will be key in having a functioning early childhood development and intervention system.

**Output 3:** Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH and development, and are more engaged in demanding for ECD and ECI services for Children with Disability

This output is intended to complement outputs 1 and 2 above, as well as the outputs for WASH, by tackling underlying norms and behaviours that contribute to deprivation of mothers and young children increasing awareness and skills for improved identification and referral, and stimulating demand for mothers and children health, nutrition and development services. It is based on the logic that increased knowledge, understanding and awareness of early childhood development (output 3), coupled with stronger service provision (output 1 and 2), will enable parents and caregivers to demand for the establishment and increased accessibility of adequate health, nutrition, WASH and development services.

In addition to working with parents with young children, caregivers and health and other relevant service providers, UNICEF will aim to engage with the full range of partners including government, UN agencies (particularly, UNRWA, UNFPA, WHO and the World Bank), civil society, and NGOs to provide joint response and aligned activities towards building of an enabling environment for the most vulnerable families with young children, especially CWD. In Gaza, UNICEF will mobilise communities, CSOs, NGOs to avoid the unnecessary duplication of efforts. Particular collaboration will be established with academia to support strategic and more sustainable initiatives for mothers and young child wellbeing through the revision of the education syllabus and training curricula, particularly for medical students.

The programme will provide information to families with young children on healthy early development and positive parenting role models, thereby enabling them to adapt their attitudes and behaviours.

Behaviour change communication initiatives at the community level and nationally will complement the existing parent education programmes being implemented in early childhood corners in health centers and the ‘Baby Friendly’ hospitals. Existing parenting education programmes will be maximized to integrate ECD and ECI messages in the curriculum under the Ministry of Health. The parenting education programme will be an integral part of the holistic package of services provided in the selected districts. The Health and Nutrition, Education, WASH, and Child Protection programmes will work closely in developing joint communication initiatives using a range of platforms. The key target audience for behavior change will be caregivers, extended families, health professionals, religious leaders and other leaders of influence.

Health and Nutrition, WASH, and Communications components of the programme will work together with partners to deliver the following interventions:

- Supporting local authorities from selected districts and multi-sectoral commissions at the community level as accountability mechanisms to facilitate community participation in developing and monitoring programme implementation for building child friendly communities, service delivery for healthy early child development, and the formulation of health-related procedures. The programme will strengthen the involvement of parents, families and communities, to ensure the complementarity between formal interventions and create an enabling environment for sustainable change in positive social norms.
• Supporting local authorities to work jointly with the families and service providers through the multi-sectoral commissions established at the community level. It is envisaged that attitudes will progressively shift so that parents and caregivers increasingly realize that children have the right to ECI services, and that they know how - and are able - to access those services. UNICEF will support the development of a database to monitor progress in targeted districts with health care facilities providing package of standardized early intervention services to children U3 with special needs.

• At the national level, the Health and Nutrition and Communication sections will work with partners to explore the best approaches in reaching families and communities with information and messages for the prevention of malnutrition, and to support the identification of developmental delays and disabilities. Creative communication techniques, from the development of relevant and appropriate messages to effective behavior change communication interventions will be applied to share knowledge with families. Social and digital media will also be used to reach families and communities to promote and influence attitudes, practices and behaviors on responsive parenting, adequate nutrition for infants and young children, early stimulation and protective home environment.

• The WASH, Health & Nutrition and Education programmes will work together on the education and promotion of key hygiene practices such as handwashing with soap, the elimination of open defecation, as well as the safe storage, treatment and handling of drinking water through water safety programming, for their adoption in households and key institutions (such as Early Childhood Development centers, schools, health facilities and family centers). National behavior change campaigns will be supported, such as Global Handwashing Day and the rational use of desalinated drinking water in Gaza, and other strategic WASH related campaigns such as World Water Day and World Toilet Day. Menstrual Hygiene Management amongst adolescent school girls will be improved, and communities will be supported to demand for better WASH services.

Measurement Framework

<table>
<thead>
<tr>
<th>Sustainable Development Goals: SDG 3: Ensure healthy lives and promote well-being for all at all ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDAF Strategic Priority 4 - Leaving no one behind: Social Development and Protection</td>
</tr>
<tr>
<td>UNICEF Strategic Plan 2018-2022: Goal Area 1 – Every child survives and thrives, Goal Area 5 – Every child lives in a safe and clean environment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>MoV</th>
</tr>
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<tbody>
<tr>
<td>Percentage of targeted mothers in Gaza (aged 15-17 and &gt;17) receiving postnatal care within 2 days</td>
<td>15-17 years: 41% (2017)</td>
<td>15-17 years: 65%</td>
<td>MoH</td>
</tr>
<tr>
<td></td>
<td>&gt;17 years: 41% (2017)</td>
<td>&gt;17 years: 65%</td>
<td></td>
</tr>
<tr>
<td>Percentage of maternity facilities following updated protocols on</td>
<td>10% (2017)</td>
<td>30%</td>
<td>MoH</td>
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</table>
neonatal care, including early identification of developmental difficulties in children and principles of BFHI

| Percentage of districts/administrative units with health care facilities providing standard early intervention services to children U3 with special needs | 0 % | 15 % | MOH |

**Output 1:** MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies

**Key Partners:** MoH, UNWRA, National ECD Committee, Health sector working group, Health Cluster, Breast Feeding National Committee

| Continued functioning of the National intersectoral ECD working group in coordination of National ECD strategy implementation | Yes | Yes | Meeting minutes |
| Policy for home visits of new-borns is developed and/or revised, adopted and in use | Out of date and not in use | Updated and implemented | MOH report |
| Existence of training curriculum on ‘infant and young child feeding’ that includes training on ‘early childhood stimulation and development’ for community workers/health service providers for outreach | No | Yes | Programme Report Training curriculum |

**Output 2:** Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development services

**Key Partners:** MoH, NGOs, UNRWA, PWA, CMWU, MoEHE, WASH Cluster partners

| Number of UNICEF supported PHC centres applying the Young Child Wellbeing approach in targeted districts and humanitarian settings | 15 | per annum 15 | MOH, Programme report |
| Number of home-visiting nurses with adequate skills related to child health, nutrition and development, including on early detection and intervention for children with disabilities | 100 | per annum 60 | MOH, Programme report |
| Progress in implementing Effective Vaccine Management Improvement Plans (on track against defined timelines in 2016) | - | Yes | MOH, Programme report |

**Output 3:** Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH and development, and are more engaged in demanding for
Progress will be measured against indicators derived from the Global standards indicators and Results Assessment Module (RAM) standard outcome/output indicators relevant for the health and nutrition programme. As health and nutrition systems begin to function more effectively, UNICEF will support health workers and other relevant service providers to accurately capture and measure children’s health, nutrition and development outcomes and their associated causes, in simple, comprehensive and interconnected local and national level databases.

Different approaches will be applied for strengthening monitoring and evaluation mechanisms to measure coverage and effectiveness of targeted specific interventions tailored based on the needs of young children and women. UNICEF will strengthen the capacity of government authorities to monitor the impact of the neonatal health care and postnatal home-visiting services, especially focusing on the health outcomes of the poorest and most disadvantaged mothers and young children. UNICEF’s research agenda will fill gaps in data on targeted issues and interventions, such as the provision of innovative services to children with developmental delays and disabilities. This will further enable government to measure progress and the impact of innovative comprehensive ECD and ECI services and to make informed decision about changes of the health service delivery in order to address specific needs of families and children.

UNICEF will coordinate the organization of regular meetings with the main stakeholders and implementing partners to discuss the findings of the monitoring mechanisms and methodologies, and to adopt solutions in case of constraints. Formal mid-year and annual reviews will be organized with the main implementing partners to discuss progress, issues and required strategies adjustments.

### 4.6 Resource requirements

Resource requirements for the Health and Nutrition outcome are detailed in the table below. UNICEF’s Health and Nutrition programming in the State of Palestine has relied on humanitarian and development funding including from Japan, Iceland and thematic humanitarian. UNICEF has submitted proposal to Japan on ECD and ECI who expressed interest in two years funding. UNICEF will seek to diversify funds seeking issue-specific funding from Sweden.

The programme is also supported by the Programme Effectiveness outcome, which ensures (amongst other things) effective programme coordination and partnerships, communication for development, advocacy and improving monitoring, reporting and evaluation.

<table>
<thead>
<tr>
<th>Health &amp; Nutrition, 2018-2022 (estimates, US$)</th>
<th>RR</th>
<th>OR</th>
<th>ORE</th>
<th>Total</th>
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<tr>
<td></td>
<td>970</td>
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<td>3,000</td>
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<td>---------------</td>
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</tr>
<tr>
<td>Output 2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 3.</td>
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<td>1,000</td>
<td>1,000</td>
<td>2,353</td>
</tr>
<tr>
<td>Outcome Total</td>
<td>1,763</td>
<td>8,000</td>
<td>5,000</td>
<td>14,763</td>
</tr>
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</table>
5 Water Sanitation and Hygiene (WASH) Programme Strategy

5.1 Introduction

This Strategy Note presents the rationale, programme focus and strategic approach for the Water, Sanitation and Hygiene Programme of the Country Programme of Cooperation (2018-2022) between UNICEF and the State of Palestine. It highlights the positive contribution that UNICEF programming will make to address children’s right to safely managed water and sanitation and improved hygiene practices. The priorities outlined will contribute to the National Policy Agenda Pillar 3 (Sustainable Development), National Priority 10 (resilient communities), the UNDAF Strategic Priority Areas 4 (Leaving no one behind: Social Development and Protection), and Goal 4 of the UNICEF Strategic Plan 2018-2021 for every child to live in a safe and clean environment. The priorities outlined will ultimately, contribute towards the Sustainable Development Goals 6, with contributions to Goals 2, 3, 4, 8, 10, 13 and 16.

The overall purpose of UNICEF State of Palestine’s water, sanitation and hygiene programming is to ensure that more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices. Ultimately, by improving the access to safely managed water and sanitation and improved hygiene practices, children will also be better able to achieve their educational potential, be guaranteed improved health outcomes, and assume their role as productive members of their societies, communities and families.

5.2 Situation Analysis and Prioritization

The programme component takes as its starting point a number of indicators that reveal high levels of deprivation in children’s access to clean water, sanitation and hygiene:

- In the Gaza Strip, only 10 per cent of households have access to clean drinking water, and 95 to 97 per cent of the water from the coastal aquifer is now unfit for human consumption.
- In the West Bank, a significant majority of the population has access to an improved water source (97 per cent) but the quantity of water supply is insufficient; consumption per person is 79 litres per day, compared to the WHO recommendation of 100 litres for optimum public health.
- Access and regularity of supply are a particular problem in Area C of the West Bank, a result of heavy restrictions on movement of labour and goods, a virtual halt on permits for infrastructure development and ongoing destruction of WASH facilities by the Israeli security forces. An estimated 35,000 people in Area C face acute water shortages, especially during the summer months, and depend heavily on water trucking.
- While almost all of the Palestinian population has access to an improved sanitation facility (99 per cent for the West Bank and 98 per cent for the Gaza Strip), only 38 per cent in the West Bank and

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69 OCHA (2016). Humanitarian Response Overview – Occupied Palestinian Territory, 2017
82 per cent in the Gaza Strip are connected to sewage lines. Inadequate capacity to treat sewage and other wastewater is posing increasing environmental and public health threats.

While progress towards achieving the past MDG indicators may have looked encouraging in some instances, this masked serious underlying challenges with infrastructure and wastewater management that jeopardize the ability of the population to access potable water and sustain a clean, healthy living environment. Moving forwards, these issues will need to be urgently addressed, as reflected in new and more ambitious targets, definitions and criteria for the Sustainable Development Goals, which aim to ensure universal access to adequate, ‘safely managed’ and sustainable water and sanitation.

Deprivation in access to water, and overlap with other forms of deprivation
Recent analysis of overlapping dimensions of childhood deprivation illustrates that the significant majority of children who suffer from lack of access to clean water also suffer from other forms of deprivation (see chapter 9.2 for a detailed explanation of this survey). The nature of these overlaps varies depending on the age group of children, as follows:

- **0 to 35 months**: Children in this age group who are deprived of access to safe drinking water are most likely to also be deprived in terms of nutrition and exposure to a violent living environment (three in 10 children are likely to be deprived in all three areas). Almost every child who is deprived of access to water is also exposed to a violent living environment.

- **36 to 59 months**: Nearly every child in this age group who is deprived of access to safe drinking water is also deprived in terms of child protection and exposure to a violent living environment. In the Gaza Strip, children are more likely to experience all three deprivations than in the West Bank.

- **5 to 14 years**: In this age group, the most common overlapping deprivations are water, exposure to violent living environment and humanitarian access to education. In the Gaza Strip, 87 per cent of children were deprived in all three dimensions, compared to only 1.5 per cent in the West Bank.

- **15 to 17 years**: Similar to the 5 to 14 year age group, 15 to 17 year olds were most likely to experience deprivations of water, exposure to violent living environment and humanitarian access to education. In the Gaza Strip, 87 per cent of children were deprived in all three areas, compared to one per cent in the West Bank.

There are significant contextual differences in the WASH situation in the West Bank and the Gaza Strip, which have important repercussions for policy and programming.

In the Gaza Strip, water quality is the key concern. Water is primarily sourced from the Coastal Aquifer, which has a long history of over-extraction that has intensified as a result of the occupation and population growth. The annual extraction rate was approximately 185 MCM in 2012, yet the average recharge rate is only 50-60 MCM per year (mainly from rainfall). The result is heavy seawater intrusion into the aquifer; in 2012 an estimated 95 per cent of the pumped water in the Gaza Strip was brackish, i.e. featuring salinity above the permissible drinking water levels. The aquifer is also increasingly contaminated as a result of the unregulated use of fertilizers, with chloride and nitrates levels exceeding 5-10 times the recommended acceptable level. Damage and destruction of WASH infrastructure caused by the ongoing conflicts, as well as limited availability of material for reconstruction and maintenance, has

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71 EPRI, (2016). Situation of Children in the State of Palestine Multiple Overlapping Deprivation Analysis
74 WHO (2016), Report of a field assessment of health conditions in the OPT, 22 March to 1 April 2015
resulted in poor management of sewage and other waste water, thereby further contaminating the aquifer and increasing the risk of water borne diseases. It is estimated that 95 to 97 per cent of the water is now unfit for human consumption in the Gaza Strip and that by 2020 the infiltration of the aquifer will become irreversible. Chronic power shortages compound the situation, impeding efforts to build and sustain infrastructure for desalination and wastewater treatment, and restricting availability of piped water to households; an estimated 70 per cent of the Gazan population only has piped water for 6 to 8 hours per day, every 2 to 4 days.

In the West Bank, the majority of people are able to access water, but supply is neither sufficient nor reliable. On average, consumption per person is approximately 79 litres per day (and 80 litres for the Gaza Strip), compared to the WHO recommendation of 100 litres for optimum public health. Water consumption varies between different areas of the West Bank, and among some communities of Bedouin and other herders it can be as low as 20 litres per capita per day. The WASH situation in Area C of the West Bank is particularly acute as a result of the heavy restrictions on movement of labour and goods, including essential skilled labour and materials required to maintain, repair and develop WASH infrastructure. These restrictions also limit the government’s ability to truck water to locations facing acute water shortages. The granting of permits for the development of WASH infrastructure has effectively come to a halt since the Joint Water Committee was established; only 1.5 per cent of the Palestinian applications for building permits in Area C submitted between 2010 and 2014 were approved. In the meantime there has been ongoing destruction of existing infrastructure by the Israeli Security Forces. While comprehensive data is not available, estimates of access of the population to a water network in Area C range from between approximately 70 to 93 per cent. For those who do have access, regular water supply is a persistent problem; almost a third of the population have highly irregular supply, with Bethlehem, Jericho, Hebron and Tubas most heavily affected. Among the Bedouin and herder communities living in Area C, roughly half do not have access to piped water. Shortages of water for maintaining livestock and agriculture, as well as contamination of land through poor wastewater management, jeopardize the very basis of their nomadic lifestyle.

Causes of WASH Deprivations

The impacts of the occupation, high population growth and weak resource management have contributed to increasingly dire shortages of clean water and sanitation access in the State of Palestine. The Israeli restrictions on movement and goods severely impede much needed construction, repair and maintenance of both water and wastewater infrastructure (in 2016, 23 water, sanitation and hygiene items were on the

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75 WHO (2016), Report of a field assessment of health conditions in the OPT, 22 March to 1 April 2015
81 Sources of these estimates of percentage population with access to a public water network in Area C are as follows:
   - OCHA (2015). Humanitarian Needs Overview, 2016 - estimates 70 per cent
   - OCHA (2015). Vulnerability Profile Project - estimates 90 per cent
83 UNDP (2013). Infocus: Bedouins in the Occupied Palestinian Territories, Sept 2013
Israeli restrictions on the construction and renovation of wells or water systems in the West Bank, together with ageing and the destruction of old and new facilities, has seriously impeded the ability of the government to ensure adequate water infrastructure.

Palestinians have also been denied access to more than half of the water quota originally agreed as part of the Oslo Accords. According to the 2012 Water Status Report by the Palestinian Water Authority (PWA), Israel utilizes more than 85 per cent of all shared water sources (surface and groundwater), leaving less than 15 per cent for Palestinian use. Additional needs have to be met by purchasing extra water from the Israel Water Utility. In the West Bank, an Israeli-Palestinian Joint Water Committee (JWC) was established, in the context of the Oslo accords, to manage water and sewage related infrastructure. This effectively gives Israel a de facto veto on all proposals; the majority of proposals for wastewater treatment have been rejected or stalled under the JWC which was resumed in January 2017 after not meeting for over five years.

The Gaza Strip is almost totally isolated as a result of the Israeli controlled barrier, which runs along the entire land border and thereby severely limits the movement of people and goods in and out of the territory. Restrictions on ‘dual-use’ materials, which are stricter than existing international lists on such materials, often impede the delivery of humanitarian assistance, essential medicine and drugs, and basic construction materials. As a result, the population has no choice but to resort to ‘unimproved’ sources, with the majority of the population now reliant on water storage tanks. Yet awareness of techniques to safely store this water is still low; less than 1 per cent of those using unimproved water sources in the Gaza Strip use some form of household water treatment.

In terms of water governance, a national water institutional structure and plan are in place, led by the PWA. In 2014, the new Water Law was endorsed, which focuses on strengthening water management and developing Palestinian water resources. However, fragmentation at all levels of implementation severely hampers progress; including the current deadlock of the joint JWC, the separate administrations in the West Bank and the Gaza Strip, the lack of efficient (Regional) Water Utilities, the devolution of key authorities to the National Water Regulatory Council and the division of land according to Areas A, B and C. There is also a lack of harmonization between PWA and the other main actors in the sector, and lack of integration with other relevant sectors.

A number of key bottlenecks have been identified with key stakeholders that are impeding progress in ensuring access to WASH, include the following:

- The relevant Palestinian Authorities acting in and supporting the WASH sector lacks access and control of their own natural resources, resulting in their inability to deliver WASH services to the adequate levels, especially in Area C of the West Bank and in the Gaza Strip;
- The WASH sector leadership and coordination is sub-optimal, especially between the national and sub-national levels (also reflected in the divergence that exists at times between the West Bank / Ramallah and Gaza);

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86. WHO (2016), Report of a field assessment of health conditions in the OPT, 22 March to 1 April 2015
89. Dual use items are categorized as “weapons and items which can be, and often are, used for military purposes”
- Although WASH sector policies exist (e.g. the 2014 Water Law), these are only slowly and incompletely enforced;
- Investments in the WASH sector are insufficient, especially in the most vulnerable areas such as Bedouins and herding communities in Area C of the West Bank and in the Gaza Strip;
- The systems to sustain WASH services and infrastructures and the institutional capacities for the planning, monitoring, budgeting and service delivery in the WASH sector are often weak;

Prioritized Water, Sanitation and Hygiene concerns

Based on the situation analysis and evidence in relation to WASH in the State of Palestine, the major deprivations that UNICEF will focus on in the 2018-2022 programme cycle are the fact that: i) in the Gaza Strip, only about 10 per cent of children have access to safe drinking water, and ii) in the West Bank an estimated 35,000 people in Area C face acute water shortages, especially during the summer months, and heavily depend on water trucking. Furthermore, while almost all of the Palestinian population has access to an improved sanitation facility, UNICEF in the State of Palestine will focus on addressing the fact that only 38 per cent in the West Bank and 82 per cent in the Gaza Strip are connected to sewage lines and that inadequate capacity to treat sewage and other wastewater is posing increasing environmental and public health threats.

As the WASH situation becomes increasingly acute, a range of barriers and bottlenecks will need to be tackled in the immediate to medium-term, in order to improve resource management, increase sustainability and carefully target support to the most marginalized, as follows.

*Increase investment for safely managed drinking water and sanitation, including a particular focus on energy efficient technologies.* Efforts to build national capacity to increase access to safely managed drinking water and sanitation will be critical in the coming years. This should include supporting the adoption of innovative and environmentally sustainable technologies for desalination, water harvesting, wastewater treatment and waste-water re-use. Improvements in related energy infrastructure will also be essential. Projects such as the EU-funded UNICEF constructed seawater desalination plant in Gaza and the UNICEF-MIT photovoltaic electro-dialysis reversal brackish water desalination prototype provide opportunities for learning and scale-up, including lessons in how to minimize the negative environmental impacts of desalination and how to maximize energy efficiency and the use of renewable energies. Construction of new projects will need to be in parallel with repairs and extensions to existing WASH infrastructure to reduce losses and leakages. Improved, pro-poor water tariff models could provide an important, sustainable source of revenue. Advocacy with the Israeli Authorities to enable the timely entry of materials under the blockade and to avoid the demolitions of life-saving interventions in line with the International Humanitarian Law shall be stepped up as needed. Community mobilisation and involvement should be promoted in maintaining and improving infrastructure and management of water and hygiene facilities at the household and community levels, in line with the more ambitious SDG criteria.

*Strengthen governance, planning and regulation of WASH services.* There is need to continue strengthening governance, evidence-based planning, and regulation of WASH services, including improved harmonization with key actors in the sector. Efforts to fully implement the Water Law and to build capacity of the recently created Water Sector Regulatory Council will be key steps in this regard. There should be a strong focus on equity, human rights and gender equality in planning and implementation to ensure that the most vulnerable remain at the forefront of all interventions. Efforts to enhance the effectiveness of PWA’s National Water Information System should continue, as well as to build capacity to
enforce legislation and regulatory frameworks, particularly the monitoring of the water quality provided by vendors.

**Increase sanitation and hygiene, particularly menstrual hygiene, in schools.** Improved sanitation and hygiene in schools can have far reaching impacts, embedding good hygiene behaviours among children and reducing the spread of disease. Efforts to upgrade WASH infrastructure and build on progress in raising knowledge and awareness among school children should be sustained in the coming years. In particular, there is need to improve facilities and services for menstrual hygiene management, which can reduce the risk of girls failing to attend or even dropping out of school. This will require adequate supply of basic provisions, such as toilet paper, soap and sanitary pads, as well as improvements in infrastructure to ensure all toilets are safe, clean and easily accessible. The roll-out of innovative approaches, such as solar distillation, rainwater harvesting and greywater re-use to increase access to safe drinking water in schools, also have the potential for significant impact.

**Increase community awareness and capacity for efficient use and safe storage of water, and improved hygiene.** Awareness and advocacy campaigns can increase the capacity of families and communities to adopt household water treatment and safe storage techniques, make the most efficient use of water resources that are available, and increase adoption of improved hygiene. The promotion of cross-sectoral working on WASH issues can maximize opportunities to promote WASH awareness through multiple entry points, ensuring a wide reach as well as consistently targeting the most vulnerable populations.

### 5.3 Theory of Change

The Theory of Change for the UNICEF priority deprivation in children’s right to safely managed water and sanitation and improved hygiene practices describes the change pathway to move from the current manifestation of the deprivation, where as per the latest National estimates “**around 40 per cent of children in the State of Palestine are not having their right to an improved drinking water source and improved sanitation met, especially children of the lowest wealth quintile of which less than 2 per cent of these rights met**” to the desired state, where “**By 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices.**”

To achieve the desired state, **three critical preconditions** must be met:

1. WASH sector authorities operationalize the evidence-based policy and work together across sectors and at national and sub-national level;
2. Service providers deliver adequate, consistent WASH services, especially to the most vulnerable, and alleviate water scarcity;

The Theory of Change proposed to reach the scenario described above is (the full pathway is seen in the Figure 1 below):

**IF** the Oslo Agreement (Art. 40) related to the water and sanitation sector is adhered to, and **IF** the Water Law (2014) is fully implemented,

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THEN the WASH sector Authorities operationalize the evidence-based policy and work together across sectors and at national and sub-national level.

IF the Oslo Agreement (Art. 40) related to the water and sanitation sector is adhered to, and
IF the Water Law (2014) is fully implemented, and
IF Improved and new WASH infrastructure, water safety and water testing and treatment, with focus on most vulnerable, and
IF Communities demand improved WASH services,
THEN service providers deliver adequate, consistent WASH services, especially to the most vulnerable, and alleviate water scarcity.

IF Communities demand improved WASH services, and
IF parents, care-givers and children have improved knowledge on safe WASH practices, and
IF parents, care-givers and children have the skills and confidence for safe WASH behaviours,
THEN parents, care-givers and children practice, sustain and demand safe WASH behaviors.

If all of these conditions are achieved, then the desired state will be reached where by 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices.

Assumptions and risks

This pathway to change assumes that key decision makers have the will to accelerate progress towards SDG 6.1 and 6.2, and will allocate the required staffing and resources, when available.

Two risks have been identified which would block the change pathway from occurring in the event of their happening. In line with the risk management approach, each of these have been identified as major, in that they have both a high level of likelihood and have a high level of impact:

1. Socio-political instability dramatically increases and another escalation of conflict occurs; and
2. Financial constraints further restrict the overall available funding and investment in development and humanitarian aid towards the WASH sector in the State of Palestine.
Figure 1. Theory of Change for WASH

2018-2022 - WASH
THEORY OF CHANGE

DESIRED STATE: By 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices.

Parents, care-givers and children practice, sustain and demand safe WASH behaviors.

WASH sector Authorities operationalize the evidence-based policy and work together across sectors and at national and sub-national level

Service providers deliver adequate, consistent WASH services, especially to the most vulnerable, and alleviate water scarcity

Adherence to Oslo Agreement (Art. 40) related to WASH

Full Implementation of the Water Law (2014)

Improved and new WASH infrastructure, water safety and water testing and treatment, with focus on most vulnerable

Communities demand improved WASH services.

Parents, care-givers and children have improved knowledge on safe WASH practices. And Parents, care-givers and children have the skills and confidence for safe WASH behaviours.

Assumptions:
• Political will
• Adequate staffing and resource allocations

Risks
• Instability and escalation of conflict during the next programme cycle
• Further financial constraints

Key stakeholders have adequate data and evidence to use for advocacy, policy dialogue and development

Institutional capacity enables strong coordination, financial resources are available and strategic partnerships between key stakeholders are active

Strengthened political commitment and strengthened capacity for management and implementation of the reform

Strengthened and coherent international support and strengthened functioning of the Joint Water Committee

Regulating the private sector (trucking, tariffs) and enforcement of consumer payment system

Guidelines and standards Knowledge and evidence of needs and requirements Technical capacity available (private sector)

Stronger capacity to integrate energy requirements into the design of WASH interventions Use of renewable energy is promoted

Reduced water leakage And strengthened G&M

Strengthened hygiene promotion in households and key institutions

Trusted communicators (teachers, health workers, media, etc) have the knowledge and resources

Communities have knowledge of their WASH related rights and Communities have the right channels of communicating their demands
5.4 UNICEF’S Strategic Programme Framework

Programme focus and strategic approach

The WASH Programme aims to ensure that by 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices. Recognising the inequities within society, and disparities of opportunity within the State of Palestine, the strategy will maintain a particular focus on children who are most vulnerable.

The UNICEF WASH programme component in 2018-2022 will focus on two pillars as follows:

i) increasing the proportion of population using safely managed drinking water services (aligned with SDG 6.1); and

ii) increasing the proportion of population using safely managed sanitation services including a handwashing facility with soap and water (aligned with SDG 6.2)

These two pillars of focus will aim to:

i) improve water supply located on premises (accessibility), with water available when needed (availability), affordable (equity) and free from contamination (water quality) for more Palestinian children; and

ii) improve sanitation facilities where faecal wastes are safely disposed on site or transported and treated off-site (wastewater treatment) and where handwashing facilities with soap and water are available and used.

Programme Implementation Strategies

In order to achieve the planned results of the programme, UNICEF will apply the following set of prioritised implementation strategies in support of and in collaboration with the Palestinian authorities and a broad range of development and civil society partners:

- Strengthening advocacy and constructive policy dialogue amongst key stakeholders;
- Further developing institutional capacities, especially for sector coordination and delivery of WASH services;
- Generating and disseminating programmatic evidence and documenting lessons learnt by strengthening Knowledge Management;
- Promoting behavior change for the adoption of key hygiene practices;
- Stimulate community demand for better WASH services;
- Leveraging funds and strengthening financing mechanisms of the sector;
- Fostering strategic partnerships with key stakeholders at local, national and international level;
- Strengthen cross-sectoral synergies with other sectors, especially with Education/Learning for Development (around WASH in Early Childhood Development centres and WASH in Schools), with the Adolescent Programme (around Menstrual Hygiene Management), with Health and Nutrition (around the linkages between WASH and waterborne and feacally transmitted diseases, anaemia and stunting), as well as with Child Protection (around WASH in Family Centres).
Results Framework

The Outcome of the WASH Programme is to ensure that:

By 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices.

Three Outputs will contribute towards the achievement of the Outcome:

Output 1: WASH authorities have strengthened evidence and capacity to ensure policy implementation and coordination.

Output 2: National capacity to deliver sustainable and safely managed water and sanitation services is strengthened

Note: The demand-side output and interventions relating to education and promotion of key hygiene practices are integrated into H&N results structure, given their cross-cutting nature

The Programme’s Results Structure is visually presented in figure 2 below.
Figure 2. Results Structure for WASH

By 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices.

OUTPUT 1: WASH authorities have strengthened evidence and capacity to ensure policy implementation and coordination

OUTPUT 2: National capacity to deliver sustainable and safely managed water and sanitation services is strengthened

Interventions:
- Support the elaboration and implementation of policies, regulations and strategies
- Strengthening of the National WASH systems
- Support the coordination of the WASH Cluster
- Support the capacity building of technical and political staff
- Generate and disseminate evidence (M&E, Knowledge Management)
- Leverage strategic funding for the sector
- Establish and foster strategic partnerships, especially around innovation
- Support and provide advocacy

Interventions:
- Support the production of safe drinking water, incl. seawater desalination
- Promote “Tap on premise” safe drinking water distribution
- Improve Water Quality (water safety, testing & treatment)
- Support the generation of evidence for strengthened waste water treatment, household water storage, household sanitation
- Support the improving of WASH services in key institutions (schools, ECD centers, Health centers, family centers)
- Support the establishment of WASH components for designated emergency shelters
- Support the provision and preposition emergency WASH supply (incl. through e-vouchers and cash programming)
- Support the advocacy around linking WASH and renewable energy

Advocacy & Policy dialogue / Evidence generation & Knowledge Management / Capacity development for coordination & delivery of WASH services / Promoting behavior change & stimulate community demand for better services / Fund raising / Strategic partnerships / Cross-sectoral synergies with L4D, H&N and CP

Staff, financial resources (RF/QR), technical assistance, consultants, materials, equipment, vehicles
Output 1: **WASH authorities have strengthened evidence and capacity to ensure policy implementation and coordination**

This output builds on existing efforts to strengthen governance, evidence-based planning, coordination and regulation of WASH services, including improved harmonization with key actors in the sector. In the coming years, the full implementation of the Water Law, strengthened capacity of the recently created Water Sector Regulatory Council, and the effective functioning of the National Water Information System, will be important foundations for the achievement of positive change. The resumption of the JWC (in January 2017) may continue to provide an important window for restarting Palestinian-Israeli cooperation on the water issues.

Against this backdrop, UNICEF and its partners will contribute to the achievement of the desired outcome through the following **key WASH interventions**:

- Supporting the elaboration and implementation of WASH sector policies, regulations and strategies, at national and local levels by providing the adequate technical and financial assistance, and lessons learnt from other countries/regions;
- Supporting the development of new systems and strengthening existing ones, such as the National Water Information System (NWIS) through technical and financial assistance and capacity development;
- Leading the WASH Cluster Coordination at sub-national (Gaza) levels, and co-leading the National WASH Cluster Coordination at National level, supporting its transition towards increased government leadership, also supporting essential capacities such as information management;
- Building the sector’s capacity both in terms of service delivery and human resources by supporting with direct interventions and project implementation especially in areas/localities where the PA has less/no control and access and through key trainings;
- Leveraging strategic funding for the WASH sector, especially to meet the needs of the most vulnerable;
- Fostering strategic partnerships with key stakeholders at local, national and international level, including with the private sector and academia, and with special focus on leveraging innovation;
- Strengthening the WASH sector’s evidence base, its Knowledge Management and Monitoring and Evaluation;
- Contributing towards strategic advocacy, especially for accelerating progress towards SDG 6.1 and 6.2.

Output 2: **National capacity to deliver sustainable and safely managed water and sanitation services is strengthened.**

This output is based on the urgent need to strengthen water infrastructure and harness opportunities to use innovative and environmentally sustainable technologies for desalination, rainwater harvesting and water re-use. Given that the water crisis is inextricably bound to challenges in ensuring reliable energy supply, key actors will need to employ comprehensive approaches to both in order to address structural issues and meet future water needs in a sustainable manner. Communities will also need to be mobilized and supported in maintaining and improving infrastructure and management of water and hygiene facilities at the household and community levels, in line with the more ambitious SDGs.
UNICEF and its partners will contribute to the achievement of this output through the following key WASH interventions:

- Contributing to the production of safe drinking water, including through seawater desalination at scale and the upgradation of existing brackish water desalination systems;
- Supporting the distribution of safe drinking water into the household premises;
- Improving water quality at production, distribution and household levels, including through supporting and strengthening water safety and testing capacities and household drinking water treatment;
- Increasing the water storage capacity of un- or underserved households through direct interventions, and leveraging project support from other key stakeholders;
- Improving the sanitation facilities of the most vulnerable households and support their connection to a sewerage network through direct interventions, and leveraging project support from other key stakeholders;
- Supporting the treatment and safe disposal of fecal waste through direct interventions, and leveraging project support from other key stakeholders;
- Strengthening WASH services and infrastructures in key Institutions such as Early Childhood Development centers, schools, health facilities and family centers through technical and financial assistance, capacity development as well as direct interventions, and leveraging project support from other key stakeholders;
- Supporting the WASH components of Designated Emergency Shelters in Gaza;
- Contributing to the procurement and distribution of essential WASH supplies, including through the e-vouchers and cash programming schemes;
- Tackling the WASH and energy nexus, by integrating the energy requirements into the design of WASH interventions and promoting the use of the renewable energies.

To achieve these changes, UNICEF will foster its existing partnerships with the sector’s key stakeholders, such as the Palestinian Water Authority, the Coastal Municipalities Water Utility, the Ministry of Education and Higher Education, the WASH Cluster partners. UNICEF will also strengthen and further expand its partnership basis with other UN agencies, the Ministry of Health, the Palestinian Central Bureau of Statistics, the World Bank (WSP), the Water Sector Working Group partners (LACS), academic institutions, and the Private sector. UNICEF will leverage results for children by further building the capacity of key partners and engaging and coordinating with them to ensure complementary and enhance sectorial impact.

The achievement of these two outputs will be complemented by output 3 of the Health and Nutrition programme, which is designed to increase knowledge and care-seeking behaviours that promote young child health, nutrition, development and to adopt improved WASH practices. Linkages with the Health and Nutrition programme will include those between WASH and waterborne and feacally transmitted diseases, anemia and stunting. Synergies with other programme areas will also be promoted, including with Child Protection (around WASH in Family Centres), and with Education and Adolescents (around WASH in Early Childhood Development centres and WASH in Schools and Menstrual Hygiene Management).

There will be a strong focus on equity, human rights and gender equality in planning and implementation, to ensure that the most vulnerable remain at the forefront of all interventions.
### Measurement Framework

<table>
<thead>
<tr>
<th>Sustainable Development Goals:</th>
<th>Goal 6. Ensure availability and sustainable management of water and sanitation for all</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Palestine National Policy Agenda:</td>
<td>Pillar 3: Sustainable Development</td>
</tr>
<tr>
<td>UNDAF Strategic Priority 4 - Leaving no one behind: Social Development and Protection</td>
<td></td>
</tr>
<tr>
<td>UNICEF Strategic Plan 2018-2022:</td>
<td>Goal Area 5 – Every child lives in a safe and clean environment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>MoV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome:</strong> By 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of the population having access to an affordable improved water source located on premises, available when needed, and free from microbiological⁹² and priority chemical contamination</td>
<td>TBC (new Sustainable Development Goals-World Health Organization/UNICEF Joint Monitoring Programme (JMP) pending)</td>
<td>15% increase</td>
<td>JMP year progress report / data</td>
</tr>
<tr>
<td>Percentage of the population having access to a private improved sanitation facility where faecal wastes are safely disposed on-site or transported and treated off-site</td>
<td>TBC (as above)</td>
<td>10% increase</td>
<td>JMP year progress report / data</td>
</tr>
</tbody>
</table>

**Output 1:** WASH authorities have strengthened evidence and capacity to ensure policy implementation and coordination

**Key Partners:** PWA, CMWU, MoEHE, MoH, WASH Cluster partners, UN agencies, World Bank (WSP), Water Sector Working Group partners (LACS), academic institutions, and private sector

PWA leading core functions of the WASH cluster

1 function

3 functions

WASH cluster

**Output 2:** National capacity to deliver sustainable and safely managed water and sanitation services is strengthened

**Key Partners:** PWA, CMWU, MoEHE, MoH, WASH Cluster partners, UN agencies, World Bank (WSP), Water Sector Working Group partners (LACS), academic institutions, and private sector

Additional number of people with access to safely managed sanitation facilities in the reporting year only, as a result of UNICEF direct support

0 people (Note: SDG baseline) 20,000 people (average per year for the cycle) JMP/SDG data, MICS

Additional number of people with access to safely managed water supply (including through innovative seawater desalination) in the reporting year only, as a result of UNICEF direct support

0 people (Note: SDG baseline) 50,000 people (average per year for the cycle) JMP/SDG data, MICS

Percentage of the population with handwashing facilities with soap and water at home

TBC (new SDG-JMP country baseline pending) 10% increase compared to baseline JMP/SDG data, MICS

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⁹² With reference to the absence of *E. coli* or thermotolerant coliforms in a 100 mL sample
5.5 Monitoring achievements of outputs and UNICEF’s contribution to outcomes

Programme monitoring will be undertaken at the output (implementation) and outcome (change) levels and include HACT monitoring. Mid-year programme reviews will be undertaken, as well as assessing the effectiveness and efficient of the WASH staff management systems (monitoring development growth and knowledge/skills capacity of government staff over time with programme changes). The monitoring of UNICEF’s WASH programme will include the systematic collection of data including KAP, formative and quantitative research, surveys, bottleneck analysis and reporting of data on the agreed indicators to provide UNICEF’s management and the key stakeholders with indications of the extent and adequacy of progress and achievement of objectives and progress in the use and management of allocated funds. The approach will include field visits, regular meetings, using technology mediums, and reports. Feedback initiatives of children and communities will be used, as well as innovative platforms similar to RapidPro and U-Report. Beneficiaries will be provided with a platform to discuss, review and validate studies conducted and to understand the process of monitoring and evaluation.

Reports of progress, evaluation, including spending will be available online using innovative models to enhance transparency and accountabilities. It is proposed to undertake a formal evaluation of the STLV seawater desalination plant built in Gaza by UNICEF with EU funding.

5.6 Resource requirements

Resource requirements for the WASH outcome are detailed in the table below. UNICEF’s WASH programming in the State of Palestine has relied on funding including from the EU, ECHO, USAID, Japan, DFAT, CIDA, DFID, OCHA, Spain and thematic humanitarian. UNICEF has submitted multiple proposals resulting in several cycles of funding (totaling over 30 million euros) from the EU for the construction of Gaza’s largest seawater desalination plant, over $11 million from USAID for the reconstruction and improvement of Gaza’s WASH sector, several cycles of funding from DFAT for UNICEF’s WASH in Schools programme in both the West Bank and Gaza, and yearly humanitarian funding from Japan. UNICEF’s WASH programme will seek to diversify its funding sources while consolidating its existing base.

<table>
<thead>
<tr>
<th>WASH, 2018-2022 (estimates, US$)</th>
<th>RR</th>
<th>OR</th>
<th>ORE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1</td>
<td>530</td>
<td>1,800</td>
<td>800</td>
<td>3,130</td>
</tr>
<tr>
<td>Output 2</td>
<td>1,233</td>
<td>16,200</td>
<td>7,200</td>
<td>24,633</td>
</tr>
<tr>
<td>Outcome WASH</td>
<td>1,763</td>
<td>18,000</td>
<td>8,000</td>
<td>27,763</td>
</tr>
</tbody>
</table>
6 Social Protection and Inclusion Programme Strategy

6.1 Introduction

This Strategy Note presents the rationale, programme focus and strategic approach for the Social Protection and Inclusion Programme of the Country Programme of Cooperation (2018-2022) between UNICEF and the State of Palestine. It highlights the positive contribution that UNICEF programming will make in advancing child rights in a number of cross-cutting areas as articulated in the Convention on the Rights of the Child (CRC), the Convention on the Rights of Persons with Disabilities (CRPD) and other human rights instruments including: a right to social security; a right to an adequate standard of living; a right to protection from discrimination based on the basis of race, sex, religion, nationality and disability; and a right to expression of one’s views on important matters. The priorities outlined in this Note will contribute to the UNDAF Strategic Priority Areas 2 and 4 and Goal 4 of the UNICEF Strategic Plan 2018-2021, and ultimately towards the Sustainable Development Goals 1, 5, 10 and 16. This Strategy Note is aligned with other UNICEF programme outcomes which together make up the Country Programme.

The overall purpose of UNICEF State of Palestine’s Social Protection and Inclusion programme is to ensure that more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights.

6.2 Situation Analysis and Priority Issues

The State of Palestine has high levels of poverty, particularly in the Gaza Strip. According to the PCBS poverty survey in 2009-2010, 26 per cent of Palestine’s population lives in poverty (18 per cent in the West Bank and 39 per cent in the Gaza Strip) and 13 per cent lives in ‘deep poverty’ (8 per cent in the West Bank and 21 per cent in the Gaza Strip). 27 per cent of all children suffer from poverty: 19 per cent in West Bank and 39 per cent in Gaza Strip.

In this context of high poverty and vulnerability, social protection programmes are seen as increasingly relevant across regions, especially in Palestine where people are affected by the protracted humanitarian crisis. Social protection mitigates the effects of poverty and vulnerability on families, strengthen families in their child care role, and enhance access to basic services for the poorest and most marginalized. Social protection serves as a buffer during times of volatility and vulnerability, reducing barriers to services for the most vulnerable and marginalized, and providing a safety net in the face of life contingencies at the individual and household level.

The Palestinian Basic Law recognizes social protection as a fundamental right for its citizens. The Law mandates the Ministry of Social Development (MOSD) with responsibility for guiding, coordinating and regulating social protection policies and programmes. Programmes and services are implemented across a range of government ministries, civil society organisations, the private sector and international organisations and agencies.

Today, the MoSD operates a large portfolio of social protection programmes covering three main pillars of social transfers, social work, and social insurance. In recent years, the coverage of cash transfers has expanded rapidly, from about 55,000 families in 2010 to 115,000 families in 2016. The programme was born out of the merger of two safety net programmes, and a harmonized proxy

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93 MOSD database, August 2016
means testing formula was developed to determine programme eligibility and benefit levels. Today the cash transfers, food assistance and economic empowerment programmes use the same tool in determining their eligibility, which is considered an international best practice.

However, the focus on monetary poverty has meant that some families are falling through the cracks, and social work for marginalized populations requires strengthening. Research conducted in 2016 found that children with disabilities are one such group, with little access to health, education, and social services. Across the West Bank and Gaza, nearly 40 per cent of children with disabilities are out of school entirely and less than 45 per cent are enrolled in regular education. Adolescent girls with disabilities are especially vulnerable; they are much less likely to attend school and more likely to be exposed to domestic violence.

A range of **underlying challenges** have been identified as hindering the effective design and delivery of strong social protection services, including the following:

- **Challenges in targeting and providing services to the most marginalized:** Given the wide-ranging social protection needs of the population and the multitude of barriers to movement of goods and people, the task of reaching all those most in need with appropriate forms of support is considerable. While there has been significant focus on improved targeting, with proven success through programmes such as the national cash transfer programme, the government still faces challenges in this regard, particularly in supporting those experiencing multiple forms of deprivation. The focus on income-based poverty means that some families are falling through the cracks, and these are often the most marginalized families living in isolated locations. Targeting is also hampered by weaknesses in the quality and scope of data in the computerized single registry system.

- **Challenges in harmonizing institutional arrangements:** While there have been notable efforts to consolidate institutional arrangements to support the shift towards a systems-based approach for social protection, in practice there remain considerable challenges in terms of coordination and harmonization across all actors. A comprehensive monitoring and evaluation (M&E) system has also yet to be developed. A positive development has been the creation of social protection networks in all districts to support families in accessing assistance. However, linkages and referral mechanisms across sectors remain under-developed, contributing to duplication and missed opportunities to reach those suffering from multiple forms of deprivation.

- **Limited resources and dependency on external aid:** Stifled performance of the Palestinian economy has resulted in a squeeze on already tight public spending, in a context of growing need for social protection services. Ongoing heavy reliance on external funding for social protection (as is the case with many other sectors of Palestinian public service) leaves the sector vulnerable to geo-political dynamics and hinders long-term strategic planning. This is particularly problematic given the cross-sectoral nature of social protection, which requires strong leadership, momentum and systems-based approaches, rather than project-based support that has heavy accountability to external stakeholders.

In recent years, there have been notable advancements in the **shift towards a systems-based approach to social protection.** Given the proven effectiveness of the means test formula used by the PNCTP, this formula is now also used to assess eligibility for food assistance and other social services.

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protection programmes. An online case management system is also being piloted in the West Bank, which is designed facilitate case workers identifying and connecting clients with appropriate services according to specific needs. This could play an important role in strengthening linkages and referral mechanisms both within the MoSD department and across relevant ministries. The change of name from Ministry of Social Affairs to Ministry of Social Development is also intended to reflect a more coherent approach to its role within the sector.

While the State of Palestine acceded to the Convention of the Rights of the Child, further progress needs to be made to empower children and adolescents to voice their concerns and express their opinions, and to ensure that they are able to participate fully their communities and in Palestinian society. Active participation of children and adolescents in decision making within the family, community, school and government is not something that is traditionally encouraged in Palestinian society. The 2015 Palestinian Youth Survey examined the variety of ways in which youth participate in society. The survey found that only 20 per cent of youth aged 15 to 29 years are involved in volunteer work, and only 3 per cent are members of civil, cultural or non-government associations (see figure 8.2). In all cases, participation is higher for males than females. Children and youth are generally consulted in the development of relevant government policies and plans, but these are often one-off events rather than institutionalized processes. The limited employment prospects for youth as they reach working age inevitably affects their ability to fully participate and be represented in society; unemployment rate among Palestinians aged 15 to 24 years is 41 per cent, rising to 61 per cent in the Gaza Strip, compared to 29 per cent in the West Bank. In recent years, there has been an absence of overarching policy or strategy to guide planning and resource allocation for children’s participation. The National Development Plan 2014 to 2016 outlines a range of activities to promote youth participation, but progress has been slow. Over US$2 million was spent on youth and sports in 2014, compared to a planned US$10 million. In the absence of strategy and adequate resources, there has been heavy reliance on support and funding from donors, which has tended to be short-term and therefore comes with constant concerns about longer-term sustainability.

However, a cross-sectoral Youth Strategy for 2017 to 2022 was recently launched (June 2017) and will provide a critical foundation stone to promote youth issues and encourage youth participation across sectors. The recent endorsement of the minimum standards for adolescents and youth centres is another positive advancement, although a comprehensive set of standards and regulations for children’s participation have yet to be developed.

**Prioritised concerns**

For the coming programme cycle, the key concern that UNICEF and its partners will focus on is the high level of deprivation and vulnerability among children and their limited participation in society. This specific focus is based on the analysis of the situation, UNICEF Palestine’s experience and lessons learnt from current programming, the criticality of the issues, the financial and human resource capacities, the unfinished business of the current country programme, UNICEF’s core commitments in humanitarian situations, and the mandates and roles of other UN agencies and partners.

A range of priorities in addressing this key challenge has been identified:

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• **Reform of legislation and policy to ensure a focus on the most vulnerable and to promote the advancement of their rights.** This requires further research to better understand trends in child poverty and deprivation, and use findings (including those from the recent Multiple Overlapping Deprivations Analysis) to advocate for children’s issues and encourage their prioritization in planning and resource allocation. Targeting of social protection should be strengthened to ensure those most in need are able to access appropriate support by improving data collection, honing eligibility criteria, and training social workers in effective approaches to eligibility assessment. Government capacity to maintain the computerized single registry system and to use data for improved targeting should be strengthened.

• **Finalization and roll-out of the Social Protection Sector Strategy 2017 to 2022** to consolidate progress that has already been made in developing a single national system of social protection. The strategy should be complemented by clear implementation plans and a solid monitoring and evaluation framework. The development of detailed budgets at national and local level will also be essential to ensure that social protection is prioritized across sectors, and that funds are ring-fenced to provide adequate support during and in the aftermath of emergencies.

• **Mechanisms for cross-sectoral planning, implementation and referral** should be strengthened to ensure multiple entry points for reaching vulnerable and deprived children with a range of targeted, complementary support. Also, linkages between the humanitarian sector and the social protection sector will need to be strengthened, with a focus on supporting children, families and communities to recover from recent hostilities and build long-term resilience to external shocks.

• Stronger **community awareness and ownership of social protection** programmes is necessary through campaigns and outreach to the most marginalized communities. Stronger mechanisms at the community level are required to facilitate access, promote dialogue and build ownership, such as the Social Protection Networks.

• **Promote participation of children and adolescents** in decision-making within the family, community, school and government, and challenge misconceptions and a lack of understanding around child rights. All efforts should ensure a particular focus on the most marginalized, including females, children living with disabilities and children living in areas isolated by geographical barriers.

### 6.3 Theory of Change

The Theory of Change for the UNICEF priority deprivation in Social Protection and Inclusion describes the change pathway to move from the current manifestation of the deprivation, where children live in poverty and deprivation and experience social exclusion and marginalization to the desired state, where “By 2022, more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights.”

The Theory of Change identifies two building blocks / necessary conditions for change as follows:

- **Condition 1:** Improved coverage of quality, integrated social protection services, particularly for vulnerable children and their families;
- **Condition 2:** Children and adolescents are empowered to claim their rights including accessing age-appropriate and responsive social services.
The Theory of Change further states the following pathways to the conditions of change listed above:

IF the Government enacts and implements legislation, policy and budget reforms that advance the rights and well-being of the most vulnerable children, and
IF Government institutions have the strengthened capacity to design, deliver and coordinate child-sensitive systems-based social protection, and
IF more vulnerable families and children are aware of and use social protection services and support,
THEN there will be improved coverage of quality, integrated social protection services, especially for vulnerable children and their families.

IF more vulnerable families and children are aware of and use social protection services, and
IF Government institutions have strengthened capacities, resources and commitment to provide age- and gender appropriate services for children and adolescents, and
IF the Government enacts and implements legislation, policy and budget reforms that advance the rights and well-being of the most vulnerable, and
IF Children and adolescents have the knowledge, confidence and skills and supportive environment to advocate for their rights,
THEN Children and adolescents will be empowered to claim their rights, including accessing age-appropriate and responsive social services.

If all of these conditions are satisfied then the desired state will be reached whereby “more vulnerable children have access to social protection systems and are better able to participate in society and realize their rights.”

Each of these conditions require an additional set of preconditions, some of which contribute towards more than one condition. The full pathways to the conditions of change is presented in the figure 1 below.

Assumptions and risks

The key assumptions underpinning the Theory of Change are:
- Greater commitment among international donors towards increased coordination and harmonization in the approach to social protection. Also, continued commitment of diplomatic missions to supporting the realization of children’s rights in Palestine and removing obstacles to this realization, such as those linked to the political situation on the ground. This includes commitment to the SDG, CRC and CRPD implementation and monitoring.
- Palestine’s fiscal space will allow for continuation of existing national social protection programmes.
- Social engagement allows for positive attitude change among national authorities and civil society relating to the role of adolescents in Palestinian society.
- National authorities manage to develop quality, accessible essential services for children.

Two external risks could obstruct the pathway to change:
- An outbreak of conflict, which would result in a precipitous decline in socioeconomic conditions and associated rise in the size of vulnerable children and families.
- A fiscal crisis, which would mean that there may not be adequate fiscal space for increasing resources for social protection.
Figure 1. Theory of Change for Social Protection and Inclusion

Assumptions
- Adequate fiscal space for increasing resources for national priorities.
- Political commitment for SDG, CRC and CRPD implementation and monitoring.
- Commitment to coordinated/harmonized approach to social protection.

Risks
- Outbreak of conflict causing a decline in socioeconomic conditions and an increased number of vulnerable children and families.
- A fiscal crisis resulting in inadequate fiscal space for increasing resources for social protection.

Policy and decision-makers have better knowledge and commitment to the needs of children, particularly the most vulnerable, under their obligations under CRC, CRPD and other human rights treaties.

Institutions have strengthened capacities and produce, analyze, and monitor high-quality data and evidence on the situation of children and their rights.

Government institutions have the strengthened capacity to design, deliver and coordinate child-sensitive system-based social protection.

More vulnerable families and children are aware of and use social protection services and support.

Government institutions have strengthened capacities, resources, and commitment to provide age- and gender-appropriate social services for children and adolescents.

Children and adolescents have the knowledge, confidence, and skills and supportive environments to advocate for their rights.

Children and adolescents have improved knowledge on their rights and responsibilities.

Children and adolescents are equipped with the skills and confidence to be able to communicate and advocate for their rights.

Key actors in civil society are sensitized on the rights of the child and national human rights treaty obligations.

THEORY OF CHANGE: Social Protection & Inclusion

DESIRED STATE: By 2022, more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights.

Improved coverage of quality integrated social protection services, particularly for vulnerable children and their families.

Children and adolescents are empowered to claim their rights including accessing age-appropriate and responsive social services.
6.4 UNICEF Strategic Programme Framework

Programme focus and strategic approach

UNICEF Social Protection and Inclusion Programme seeks to ensure that “By 2022, more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights. The programme will have a particular focus on the most vulnerable children and their families – those who face multidimensional poverty and vulnerability and are unable to fully participate in the Palestinian society.

The programme will comprise two pillars as follows:

- Pillar 1: Improving coverage of quality, integrated social protection services for vulnerable children and their families
- Pillar 2: Empowerment of children in claiming their rights, including accessing age-appropriate and responsive social services

The programme will aim to systematize and accelerate the work commenced in the current programme in the development of comprehensive social protection systems, with a particular focus on strengthening capacity for planning, monitoring and evaluation. This decision was informed by a number of factors:

- UNICEF is a lead agency for social protection in the State of Palestine. UNICEF serves as Technical Advisor to the national Social Protection Sector Working Group and the lead agency for social protection within the UN system.
- UNICEF has demonstrated experience and expertise in supporting the MoSD with upstream policy work, which included the development of the current and previous social protection sector strategies and action plans.
- UNICEF possesses high credibility as knowledge leader on the situation of children, especially the most vulnerable children.

Interventions to strengthen social protection systems will be aligned with and reinforce sector-specific responses, particularly in child protection. The integration of social transfers and special support services for vulnerable children and their families will be sought through case management approach currently being rolled out by the MoSD with support from the World Bank and EU. In line with UNICEF’s global framework, particular attention will be given to reducing social vulnerabilities by focusing on promotional and transformative elements of social protection. This will include legislative reforms and communication for development to tackle discriminatory social norms, most notably gender norms and stigma associated with disability.

Programme implementation strategies

In order to achieve the planned results, UNICEF will apply the following key strategies: 1) data and evidence; 2) evidence-based advocacy; 3) national systems and leadership; 4) communication for development; and 5) partnership, synergy and coordination.

For over the past two decades, UNICEF has actively supported countries around the world to generate **reliable and gender-sensitive data and evidence** on the situation of children and women.

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97 According to the ‘3P1T’ framework, social protection covers four main elements: prevention, protection, promotion and transformation.
In the State of Palestine, UNICEF supported PCBS to generate disaggregated data on children through several rounds of the Multiple Indicator Cluster Survey (MICS). In 2018, UNICEF plans to work with PCBS and partners to conduct MICS 6 which will set baselines for the 2018-2022 Country Programme as well as SDGs and UNDAF.

Building on the data and evidence, UNICEF will then conduct **evidence-based advocacy** to build understanding about issues of coverage, impact and targeting of social protection programmes, so as to ensure that the programmes are responsible to children’s holistic needs and rights and are able to address age-specific vulnerabilities that can affect their survival and development. In the area of Public Finance for Children, UNICEF will conduct a scoping study to assess UNICEF’s potential contribution to public financial management work in the State of Palestine.

At the core of UNICEF’s work is its emphasis on **national systems and leadership**. This focus will ensure sustainability of UNICEF and partners’ contribution towards planned results and promote efficiency of UNICEF resources. Specifically, UNICEF will provide technical and capacity building support to the Ministry of Social Development (MoSD), especially in planning, monitoring and evaluation, in order to promote the integration of social transfers and social services for vulnerable children. UNICEF will work with its partners to roll out its case management approach currently introduced by MoSD’s regional offices. National capacity will also be strengthened to monitor and report on implementation of human rights conventions ratified in 2014, with a focus on the CRC and CRPD.

As in the current Country Programme, UNICEF will continue to harness **partnership, synergy and coordination** among key actors working on children’s issues. Sectoral coordination will be strengthened through the national Social Protection Sector Working Group led by the MoSD, as well as the UNDAF Outcome Group on Social Protection. As the UN’s lead agency for social protection, UNICEF will advocate for coordinated support to strengthen the capacity of the MoSD in rolling out the case management approach at national level. The UN-supported Social Protection Floor (SPF) initiative will also be promoted as a systems-based approach to social protection.

**Evidence-based advocacy** that builds a common understanding of child rights, in line with the Convention on the Rights of the Child — the basis of all of UNICEF’s work, the CRPD, other relevant human rights treaties and the equity focus. Advocacy efforts will be geared towards bringing about positive policy change for children and women, mobilizing additional resources and supporting child and adolescent engagement. Advocacy with diplomatic missions will also help remove the obstacles, which may be linked to the political situation on the ground. As the lead agency for children’s rights with expertise in advocacy, UNICEF is well positioned to drive this effort in coordination with a wide range of partners, and to promote the creation of alliances in support of child rights, with a view to furthering the social engagement needed to support the overall social inclusion of children. Strengthened partnerships with national authorities and NGOs will help ensure sustainability.

**Communication for development** strategies will focus on bringing about the behavior and attitude change needed to allow children and adolescent participation and ensure that their views are taken seriously. UNICEF’s comparative advantage is its understanding of bottlenecks and barriers to achieve positive behavior and attitude change, and its expertise in designing and implementing C4D strategies and in building capacity of partners, including national authorities, to do the same and ensure the sustainability of the social change process.
Results Framework

The Social Protection and Inclusion Programme aims to achieve the following result: “By 2022, more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights.”

Two outputs will contribute towards the achievement of the Outcome:

- **Output 1:** MOSD, PCBS and other institutions have increased capacity to design and implement evidence-based social policies and social protection reforms
- **Output 2:** Key actors and civil society, including children, adolescents and their families, are more aware of the needs of Palestinian children and are more engaged in promoting the full realization of child rights.

The Programme’s Results Structure is visually presented in figure 2 below.
Figure 2. Results Structure for Social Protection and Inclusion

By 2022, more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights.

**Output 1.** MOSD, PCRS and other institutions have increased capacity to design and implement evidence-based child-centered social policies and social protection reforms.

**Interventions:**
- Capacity building support for CRC and SDG reporting
- Technical and capacity building support to generate disaggregated and gender-sensitive data/evidence on the situation of children with focus on the most vulnerable
- Technical and capacity building support for child poverty analysis
- Evidence-based advocacy on coverage, impact and targeting of SP programmes and on PFAC
- Technical and capacity building support to the Ministry of Social Development (MoSD), especially in planning, monitoring and evaluation will be provided
- Strengthening social protection sectoral coordination through the national Social Protection Sector Working Group and other fora
- UN coherence (e-vouchers, Social Protection Floors, etc.)

**Output 2.** Key actors and civil society, including children, adolescents and their families, are more aware of the needs of Palestinian children and are more engaged in promoting the full realization of the child rights.

**Interventions:**
- Evidence-based advocacy to build understanding about issues of coverage, impact and targeting of social protection programmes
- Advocacy with national authorities and diplomatic missions help remove the obstacles to fulfilling child rights
- Strengthened partnerships with national authorities, NGOs and civil society help develop an environment conducive to the realization of child rights.
- Participatory initiatives empower adolescents to advocate for child rights

**Strategies:**
- Data and evidence
- Capacity development
- Evidence-based advocacy
- National ownership
- Partnership, synergies, and coordination
- Communication for Development (C4D)

**Inputs:**
- Staff, financial resources (RR/OR), technical assistance, consultants, materials, equipment, vehicles
Output 1: MOSD, PCBS and other institutions have increased capacity to design and implement evidence-based social policies and social protection reforms

Output 1 addresses one of the causes identified as hindering the effective design and delivery of strong social protection services, which relates to challenges in harmonizing institutional arrangements, especially in relation to coordination and harmonization across all sectors. The particular focus will be on strengthening linkages and referral mechanisms across sectors, which are currently very weak.

This output also responds to the accession of the State of Palestine to the Convention of the Rights of the Child, the Convention on the Rights of Persons with Disabilities (CRPD), and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 2014. UNICEF is currently supporting the ongoing process of domesticking its international obligations under the CRPD.

The key interventions that UNICEF and partners will undertake to achieve this output include:

- Capacity building support for the CRC and CRPD monitoring and reporting
- Technical and financial support to PCBS to conduct the Multiple Indicator Cluster Survey in 2018/2019 and 2022/23.
- Technical support for the adoption of the SDG indicators
- Technical and capacity building support for child poverty analysis
- Evidence-based advocacy on coverage, impact and targeting of social protection programmes and PF4C
- Technical support for the development of robust M&E systems in MOSD
- Technical support for strengthening social protection sectoral coordination through the national Social Protection Sector Working Group and other fora
- UN Coherence: joint e-voucher programming with the WFP, evidence-based advocacy for the adoption of Social Protection Floors

Output 2: Key actors and civil society, including children, adolescents and their families, are more aware of the needs of Palestinian children and are more engaged in promoting the full realization of child rights.

Output 2 addresses one of the causes identified as hindering the effective participation of adolescents in claiming their rights under international conventions. It responds to the recent access of the State of Palestine to the Convention of the Rights of the Child in 2014, and the ongoing process of domesticking its international obligations, including a range of recent amendments to the Child Law of 2004.

The role of civil society will be pivotal in advocating for these obligations to be translated into policy and practice, and holding duty bearers to account. The planned adoption of the Youth Strategy, 2017-2022, will also provide an opportunity to raise awareness of the value of youth participation and representation, and to promote cross-sectoral collaboration.

The key interventions that UNICEF and partners will undertake to achieve this output include:

- Evidence-based advocacy that helps build understanding of child rights among diplomatic missions and Palestinian and Israeli authorities, and of issues related to coverage, impact and targeting of social protection programmes.
- Advocacy with national authorities and diplomatic missions help remove the obstacles to fulfilling child rights.
• Strengthened partnerships with national authorities, NGOs and civil society help develop an environment in which people are more aware of child rights and more supportive of efforts to promote the realization of these rights.
• Participatory initiatives such as social media clubs in schools and adolescent initiatives empower adolescents by teaching them communication skills which help them advocate for child rights, particularly on social media platforms.

Measurement Framework for Social Protection and Inclusion

<table>
<thead>
<tr>
<th>Sustainable Development Goals:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SDG 1: End Poverty in All its Forms Everywhere</td>
<td></td>
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<tr>
<td>SDG 5: Achieve gender equality and empowerment for all women and girls</td>
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<tr>
<td>SDG 10: Reduce inequality within and among countries</td>
<td></td>
</tr>
<tr>
<td>SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Palestine National Policy Agenda:</th>
<th>Pillar 3 - Sustainable Development, National Priority 10 - Resilient Communities</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>UNDAF Strategic Priority:</th>
<th>Priority 2 - Supporting equal access to accountable, effective and responsive democratic governance for all Palestinians, Priority 4 - Leaving no one behind: Social Development and Protection</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>UNICEF Strategic Plan 2018-2022:</th>
<th>Goal Area 5 – Equity: Every child has an equitable chance in life</th>
</tr>
</thead>
</table>

**Indicator** | **Baseline** | **Target** | **MoV** |
---|---|---|---|
Outcome: By 2022, more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights | Income poverty: 27% (2011) Multi-dimensional poverty (2014): 47% (age 0-35 months), 46% (age 36-59 months), 58% (5-14 years), 41% (15-17 years) | 10% reduction | Palestinian Expenditure and Consumption Survey (2017, 2022) MICS (2014, 2018, 2022) |
Number of children covered by social protection systems | 372,600 (est. M/F ratio: 50:50) (2016) Target: TBD | TBD (M/F ratio 5:50) Data will become available towards the end of 2017 | MoSD administrative database |
Partnership/collaboration for policy advocacy for children is established with civic society, NGOs/CSOs, private sector or Parliament Committees | Not in place | In place | UNICEF reports |

**Output 1**: MOSD, PCBS and other institutions have increased capacity to design and implement evidence-based social policies and social protection reforms

**Key Partners**: MoSD, PCBS, CSOs, NGOs

5.1.1 Existence of disaggregated national household survey data on child-focused targets of SDGs collected within the preceding 5 years | Not available | Available | PCBS reports, MICS report |
5.1.2 Existence of monitoring and evaluation procedures to follow-up on social protection delivery | Not available | Available | MoSD reports |

**Output 2**: Key actors and civil society, including children, adolescents and their families, are more aware of the needs of Palestinian children and are more engaged in promoting the full realization of child rights
6.5 Monitoring outputs and demonstrating UNICEF’s contribution to the outcome

Monitoring of the results under the Social Protection and Inclusion Programme will follow the following principles:

- Alignment: The proposed outcomes indicators are SDG indicators which are also indicators of the 2017-2022 Social Development Sector Strategy and the 2018-2022 UNDAF. The proposed output indicators are UNICEF Standard Indicators.
- National ownership: UNICEF will support the MOSD and PCBS to build national monitoring systems that will measure the indicators.
- Validation of the Theory of Change: There will be an ongoing review of the proposed Theory of Change through the Country Programme cycle.

Where possible the indicators are derived from the Results Assessment Module (RAM) standard outcome/output indicators. UNICEF will work with the MoSD and PCBS to monitor and review progress made on a bi-annual basis. These reviews will also be used to assess the extent to which barriers and bottlenecks have been reduced. Gender equality issues will also be monitored, and challenges as well as jointly agreed solutions documented and followed up on.

6.6 Resource requirements

The table below provides estimates of the resources required to achieve the results planned by the Social Protection Programme. The OR figures are only indicative and intended primarily as a tool for resource mobilization.

<table>
<thead>
<tr>
<th>Social Protection, 2018-2022 (estimates, US$)</th>
<th>RR</th>
<th>OR</th>
<th>ORE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1</td>
<td>3,274</td>
<td>500</td>
<td>63</td>
<td>3,837</td>
</tr>
<tr>
<td>Output 2</td>
<td>250</td>
<td>1,500</td>
<td>187</td>
<td>1,937</td>
</tr>
<tr>
<td>Outcome Total</td>
<td>3,524</td>
<td>2,000</td>
<td>250</td>
<td>5,774</td>
</tr>
</tbody>
</table>

The funding in the previous Country Programme came mostly from Regular Resources, 8-Percent Set-Aside funds, Thematic Funding, and the Government of Japan, with a smaller two-year grant from Al Fakhoora. The programme will endeavor to diversify its funding sources while consolidating its existing donor base.
## Annex 1. Results and Resources Framework

### Convention on the Rights of the Child: Articles 1-42

### National priorities: National Policy Agendas and Plans (other internationally recognized goals; and/or national goals):

- Education Sector Development Plan, 2014-2019
- Palestine Education Development Strategic plan, 2014-2019
- Social Development Sector Strategy, 2017-2022
- National Water Sector Strategic Plan and Action, 2017-2022 (draft)
- National Health Strategy, 2017-2022

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### 2018-2022 UN Development Assistance Framework (DRAFT ONLY)

#### Strategic Priorities, Outcomes and Outcome Indicators that include UNICEF contribution:

**Strategic Priority 2: Supporting equal access to accountable, effective and responsive democratic governance for all Palestinians**

**Outcome 2.2:** All Palestinians are assured security, justice, rule of law and protection of human rights
- Number of children in conflict with the Palestinian law detained at the Family and Juvenile Protection units
- Percentage of children directly affected by grave violations who received protection response services

**Outcome 2.4:** State and national institutions promote and monitor gender equality and enforce non-discrimination for
- Percentage of young women age 15-19 years who are married

**Strategic Priority 3: Leaving no one behind: Supporting sustainable and inclusive economic development**

**Outcome 3.2:** Palestinians have greater access to decent productive jobs
- Proportion of youth (aged 15-24 years) not in education, employment or training

**Outcome 3.3:** Palestine’s infrastructure, and natural and cultural resources are more sustainably used and managed

**Strategic Priority 4: Leaving no one behind: Social Development and Protection**
Outcome 4.1: More Palestinians, especially the most vulnerable, benefit from safe, inclusive, equitable and quality services
- Number of youth who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship
- Percentage of districts (or similar administrative units) with health care facilities providing standard early intervention services to children U3 with special needs
- Percentage of population that has access to affordable and safely managed water (SDGI 6.1.1)
- Percentage of the population having access to a private improved sanitation facility (including a handwashing facility with water and soap) where faecal wastes are safely disposed on site or transported and treated off-site. (SDGI 6.2.1)

Outcome 4.2: All Palestinians, especially the most vulnerable have greater access to a unified, integrated, and shock-responsive protection and social protection systems
- Proportion of population covered by social protection systems, disaggregated by sex and as far as possible by vulnerable groups (Adolescents girls, children, youth, communities in area C, elderly, food insecure, households headed by women, women exposed to GBV, persons with disabilities, etc.)

Outcome 4.3: Vulnerable Palestinian communities and institutions are better equipped to cope with protracted threats and shocks
- Number of schools with early warning mechanisms.

Sustainable Development Goals:
SDG 1: End Poverty in All its Forms Everywhere
SDG 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
SDG 3: Ensure healthy lives and promote well-being for all at all ages
SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
SDG 5: Achieve gender equality and empowerment for all women and girls
SDG 6: Ensure availability and sustainable management of water and sanitation for all
SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
SDG 10: Reduce inequality within and among countries
SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

UNICEF Global Strategic Plan, 2018-2021 (DRAFT ONLY):
- Goal Area 1 – Every child survives and thrives
- Goal Area 2 – Every child learns
- Goal Area 3 – Every child is protected from violence and exploitation
- Goal Area 4 – Equity: Every child has a fair chance in life
- Goal Area 5 – Every child lives in a safe and clean environment
Identification and targeting of the most vulnerable children for all outcomes will be an ongoing process and will include children living with disabilities, living in areas with high restrictions of movement due to the occupation, and/or high levels of political violence and children exposed to multiple deprivations. Issues of gender equity will consistently be addressed.

<table>
<thead>
<tr>
<th>Outcomes UNICEF will contribute to</th>
<th>Key progress indicators, baselines and targets</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
<th>Key output indicators</th>
<th>Means of verification</th>
<th>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EDUCATION AND ADOLESCENTS</strong></td>
<td>Gross enrolment: pre-primary education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Outcome 1:</strong> By 2022, more Palestinian children and adolescents, especially the most vulnerable, benefit from improved access to quality and inclusive learning opportunities in safe and protected environments and are better able to contribute to their community and national development.</td>
</tr>
<tr>
<td></td>
<td>Baseline: 57.3% (2015) (M 57.7%-F 56.9%)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>RR</strong></td>
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<tr>
<td></td>
<td>Target: 70% (M 70%-F 70%)</td>
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<td></td>
<td></td>
<td></td>
<td>2 014</td>
</tr>
<tr>
<td></td>
<td>Percentage of adolescents in target areas involved in civic and economic engagement initiatives</td>
<td></td>
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<td></td>
<td>Baseline: TBD</td>
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<td></td>
<td>Target: 20% increase over baseline</td>
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<tr>
<td></td>
<td>Ministry of Education and Higher Education (MoEHE) annual report</td>
<td></td>
<td>Survey</td>
<td>1.1 Policymakers and key stakeholders have coordinated and developed evidence-based, gender-responsive education and youth-reform policies.</td>
<td>MoEHE, Higher Council for Youth and Sports, local non-governmental organization (NGOs), Save the Children</td>
<td>1.1.1 Life skills and citizenship education embedded in the policy and curriculum frameworks—(Standard Indicator) Baseline: No Target: Yes</td>
<td>Framework documents endorsed by MOEHE</td>
</tr>
<tr>
<td></td>
<td>Service providers have increased capacity to deliver quality, inclusive education and provide opportunities to</td>
<td></td>
<td></td>
<td>Education Sector Working Group/Education in Emergency Working Group, United Nations</td>
<td>1.2.1 Number of primary teachers who received in service training provided by UNICEF (ST/IND)</td>
<td>MoEHE and partners reports with observation checklists</td>
<td></td>
</tr>
</tbody>
</table>
| Transition rate between basic and secondary education | MoEHE annual report | adolescents to develop and practise life-skills and citizenship education, including in humanitarian settings. | Baseline: 88,000 teachers  
Target: 20,000 teachers  
1.2.2 Number of adolescent boys and girls engaged in UNICEF-supported entrepreneurial and civic engagement skills development programmes in targeted districts  
Baseline: 0  
Target: 30,000 (50% females)  
1.2.3 Number of schools / communities developing and implementing Disaster Risk Reduction measures/plans with UNICEF support (ST/IND)  
Baseline: 58 schools  
Target: 300 schools (WB and Gaza)  
1.2.4 Number of caregivers of  
Partners’ reports  
MOEHE and school reports  
MOEHE and partners’ reports |
children (boys and girls) under the age of six with awareness of importance of Early Childhood Education and positive discipline.

Baseline: 10,000
Target: 30,000 (50 % females) with observation checklist
Outcome 2: By 2022, more children, especially the most vulnerable, are better protected from violence, exploitation and grave violations.

<table>
<thead>
<tr>
<th>CHILD PROTECTION</th>
<th>Percentage of basic and secondary students exposed to violence in schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic (6-15 years): Baseline: 70.4% (2015) (M 79.5%-F 62.7%) Target: 54% (M 61%-F 46%)</td>
<td></td>
</tr>
<tr>
<td>Secondary (16-17 years): Baseline: 75.4% (2015) (M 80.7%-F 71.2%) Target: 60% (M 61%-F 59%)</td>
<td></td>
</tr>
<tr>
<td>Continued existence of mechanisms to monitor and report on grave violations against children</td>
<td></td>
</tr>
<tr>
<td>Baseline: Yes Target: Yes</td>
<td></td>
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<tr>
<td>Percentage of children (1-14 years) who experienced violent disciplining at home in the past month</td>
<td></td>
</tr>
<tr>
<td>MOEHE annual report</td>
<td></td>
</tr>
<tr>
<td>Minutes of the Working Group on Grave Violations</td>
<td></td>
</tr>
<tr>
<td>Multiple indicator cluster survey (MICS)</td>
<td></td>
</tr>
<tr>
<td>2.1. Strengthened child protection legal, policy and regulatory frameworks.</td>
<td></td>
</tr>
<tr>
<td>2.2. Government and other service providers within the social and justice sectors have enhanced capacity to deliver quality and gender-sensitive child prevention and response services.</td>
<td></td>
</tr>
<tr>
<td>2.1.1 Number of recommendations implemented from the Child Protection system mapping Action Plan</td>
<td></td>
</tr>
<tr>
<td>Baseline: 0 out of 67 Target: 33 out of 67</td>
<td></td>
</tr>
<tr>
<td>2.1.2 Continued existence of sub-cluster mechanism for child protection in humanitarian action</td>
<td></td>
</tr>
<tr>
<td>Baseline: Yes Target: Yes</td>
<td></td>
</tr>
<tr>
<td>2.2.1 Number of children diverted or sentenced who enter a pre/post sentence diversion scheme</td>
<td></td>
</tr>
<tr>
<td>Baseline: 11 Target: 50 per annum</td>
<td></td>
</tr>
<tr>
<td>Activity information - results tracked against action plan</td>
<td></td>
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<tr>
<td>Minutes from Working Groups</td>
<td></td>
</tr>
<tr>
<td>Data reports from programme partners</td>
<td></td>
</tr>
<tr>
<td>1,763 8,000 9,763</td>
<td></td>
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<tr>
<td>2.3. More parents, teachers and adolescents have increased knowledge and skills to eliminate harmful practices and better protect children (0-18 years) from violence, exploitation and grave violations.</td>
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<tr>
<td>2.2.2 Number of children benefiting from community-based child protection and psychosocial services, including in response to gender-based violence</td>
<td></td>
</tr>
</tbody>
</table>
| **Baseline**: (M 25,849/ F 24,622)  
**Target**: (M 28,434/ F 27,085) |
| 2.2.3 Number of social workers active in child protection |
| **Baseline**: 10 Gaza, 28 WB  
**Target**: 20 Gaza, 40 WB |
| 2.3.1 Number of parents, teachers and adolescents reached with violence reduction activities (CP and education to share indicator) |
| **Baseline**: |
| | Humanitarian Planning matrix (HPM) table |
| | Programme reports from partners |
| | HPM table, and partner programme reports |
Outcome 3: By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and are better able to survive and reach their optimal development.

<table>
<thead>
<tr>
<th>HEALTH and NUTRITION</th>
<th>Percentage of targeted mothers in Gaza (15-17 years and older) receiving postnatal care within 2 days</th>
<th>Ministry of Health (MOH)</th>
<th>3.1. MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies</th>
<th>MoH</th>
<th>3.1.1 Continued functioning of the National intersectoral ECD working group in coordination of National ECD strategy implementation</th>
<th>Meeting minutes</th>
<th>1,763</th>
<th>8,000</th>
<th>9,763</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15-17 years: Baseline: 41% (2017) Target: 65% &gt;17 years: Baseline: 41% (2017) Target: 65%</td>
<td>MOH</td>
<td>3.1. MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies</td>
<td>MoH</td>
<td>3.1.1 Continued functioning of the National intersectoral ECD working group in coordination of National ECD strategy implementation</td>
<td>MOH report</td>
<td></td>
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<td></td>
<td>Percentage of maternity facilities following updated protocols on neonatal care, including early identification of developmental difficulties in children and the principles of the baby-friendly hospital</td>
<td>MOH</td>
<td>3.1. MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies</td>
<td>MoH</td>
<td>3.1.1 Continued functioning of the National intersectoral ECD working group in coordination of National ECD strategy implementation</td>
<td>MOH report</td>
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</tbody>
</table>
| Initiative | Percentage of districts/administrative units with health-care facilities providing standard early intervention services to children (under 3 years) with special needs | MOH | 3.2. Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development services. | 3.1.3 Existence of training curriculum on ‘infant and young child feeding’ that includes training on ‘early childhood stimulation and development’ for community workers/health service providers for outreach  
*Baseline:* No  
*Target:* yes | Programme Report Training curriculum | MOH, Programme report | 3.2.1 Number of UNICEF supported PHC centres applying the Young Child Wellbeing approach in targeted districts and humanitarian settings  
*Baseline:* 15  
*Target:* per annum 15 | MOH, Programme report | 3.2.3 Number of home-visiting nurses with adequate skills related to child health, nutrition and ... |
3.3 Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH and development, and are more engaged in demanding early childhood development and intervention services for children with disabilities

| Palestinian Water Authority, Coastal Municipalities Water Utility, MoEHE, WASH Cluster partners | development, including on early detection and intervention for children with disabilities  

*Baseline:* 100  
*Target:* per annum 60 |
| 3.2.3 Progress in implementing Effective Vaccine Management Improvement Plans (on track against defined timelines)  
*Yes/No* | MOH, Programme report |
| 3.3.1. Percent of mothers and caregivers with knowledge of at least five essential family practices  

*Baseline:* 41% (2016)  
*Target:* 60% | KAP, Programme report |

**Outcome 4:** By 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and...
sanitation services, and adopt improved hygiene practices.

<table>
<thead>
<tr>
<th>WASH</th>
<th>Percentage of the population having access to an affordable improved water source located on premises, available when needed and free from microbiological and priority chemical contamination.</th>
<th>Baseline: TBC (new Sustainable Development Goals-World Health Organization/UNICEF Joint Monitoring Programme (JMP) pending)</th>
<th>Target: 15% increase Percentage of population having access to a private improved sanitation facility where faecal waste is safely disposed of on-site or transported and treated off-site.</th>
<th>Baseline: TBC (as above)</th>
<th>10% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>WASH authorities have strengthened evidence and capacity to ensure policy implementation and coordination.</td>
<td>Palestinian Water Authority, Coastal Municipalities Water Utility, MoEHE, MoH, WASH Cluster partners, United Nations, World Bank, Water Sector Working Group academic institutions, private sector.</td>
<td>4.1.1 PWA leading core functions of the WASH cluster.</td>
<td>Baseline: 1 function</td>
<td>Target: 3 functions</td>
</tr>
<tr>
<td>4.2</td>
<td>National capacity to deliver sustainable and safely managed water and sanitation services is strengthened.</td>
<td>JMP year progress report / data</td>
<td>4.2.1 Additional number of people with access to safely managed sanitation facilities in the reporting year only, as a result of UNICEF direct support.</td>
<td>Baseline: 0 people (Note: SDG baseline)</td>
<td>Target: 20,000 people (average per year for the cycle)</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Additional number of people with access to safely managed water supply (including through innovative seawater desalination) in the reporting year only.</td>
<td>JMP year progress report / data</td>
<td>4.2.2</td>
<td>JMP/SDG data, MICS</td>
<td>1,763</td>
</tr>
</tbody>
</table>

99 With reference to the absence of E. coli or thermotolerant coliforms in a 100 mL sample.
Outcome 5: By 2022, more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights.

<p>| SOCIAL PROTECTION and INCLUSION | Percentage of children living in poverty (income and multidimensional poverty; disaggregation to include household wealth quintiles) | Palestinian Expenditure and Consumption Survey, MICS | Ministry of Social Development, Palestinian Central Bureau of Statistics (PCBS) and other institutions have increased capacity to design and implement evidence-based social policies and MoSD, PCBS, civil society organizations, NGOs | 5.1.1 Existence of disaggregated national household survey data on child-focused targets of SDGs collected within the preceding 5 years (Standard Indicator) | PCBS reports, MICS report | 3,524 | 2,000 | 5,524 |
|---|---|---|---|---|---|---|---|---|---|
| Baseline: | Income poverty: 27% (2011) Multi-dimensional | 4.2.3 Percentage of the population with handwashing facilities with soap and water at home | Baseline: TBC (new SDG-JMP country baseline pending) Target: 10% increase compared to baseline | as a result of UNICEF direct support Baseline: 0 people (Note: SDG baseline) Target: 50,000 people (average per year for the cycle) | 4.2.3 Percentage of the population with handwashing facilities with soap and water at home Baseline: TBC (new SDG-JMP country baseline pending) Target: 10% increase compared to baseline | JMP/SDG data, MICS | 3,524 | 2,000 | 5,524 |</p>
<table>
<thead>
<tr>
<th><strong>Key progress indicators, baselines and targets</strong></th>
<th><strong>Means of verification</strong></th>
<th><strong>Indicative country programme outputs</strong></th>
<th><strong>RR</strong></th>
<th><strong>OR</strong></th>
<th><strong>Total</strong></th>
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</thead>
<tbody>
<tr>
<td>Poverty (2014): 47% (age 0-35 months), 46% (age 36-59 months), 58% (5-14 years), 41% (15-17 years)</td>
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<td>Target: 10% reduction</td>
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<td>Number of children covered by social-protection systems</td>
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<td>Target: TBD</td>
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<td>Partnership/collaboration for policy advocacy for children is established with civil society, NGOs/civil society organizations, private sector or Parliament committees</td>
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<td>Baseline: Not in place</td>
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<td>Target: In place</td>
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<td>Social protection reforms</td>
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<td>Baseline: Available</td>
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<tr>
<td>Target: Available</td>
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<tr>
<td>5.1.2 Existence of monitoring and evaluation procedures to follow-up on social protection delivery (Standard Indicator)</td>
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<tr>
<td>Baseline: Not available</td>
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<tr>
<td>Target: Available</td>
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<tr>
<td>5.2 Key actors and civil society, including children, adolescents and their families, are more aware of the needs of Palestinian children and are more engaged in promoting the full realization of child rights.</td>
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<tr>
<td>Baseline: Not available</td>
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<td>Target: 500,000</td>
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<tr>
<td>5.2.1 Number of children, adolescents and parents who are informed about child rights and social inclusion</td>
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<tr>
<td>Baseline: Not available</td>
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<tr>
<td>Target: 500,000</td>
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</table>

**Outcome 6:** The area programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for Palestinian children and women.
<table>
<thead>
<tr>
<th>and programme priority indicators meeting scorecard benchmarks</th>
<th></th>
<th>provided with guidance, tools and resources to effectively design, plan and manage programmes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 100%</td>
<td></td>
<td>6.2. UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child rights issues.</td>
</tr>
<tr>
<td>Percentage of funds received as other resources against 2018-2022 planned amount</td>
<td>Insight</td>
<td>6.3. Strategies to address cross-cutting issues related to child rights are developed and applied.</td>
</tr>
<tr>
<td>Target: 100%</td>
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